




COMPLAINT FORM

The Commission under Article 212G(1)(d) of the Constitution of Guyana was established to discharge its mandate pursuant to Articles 212J (2) and 212V of the Act, in accordance with the United Nations Convention on the Rights of the Child (CRC), which was acceded to by the Government of Guyana (GOG).

The Commission is mandated to investigate matters relating to **violation and omission of the rights and interest of the child**, should you have or would like to communicate any such violation and /or omission kindly fill out RCC's complaint form (RCCIOCF01) in order for the commission to acknowledge and investigate your complaint.

PART [A]

 Kindly fill out this section, if the complaint is on behalf of yourself or for your minor child¹, a child in your care/custody, a child with mental/ physical disability:

| | |
|-----------------|--|
| Name: | |
| Gender: | |
| Age: | |
| Address: | |

 Please indicate whether the child is living with Parent or Guardian: YES NO

¹Convention on the Rights of the Child, Article 1 – A child means every human being below the age of 18 unless under the law applicable to the child, majority is attained earlier.



Kindly state **parent or guardian** contact information **(If different from above)**.

| | |
|-------------------------|--|
| Address: | |
| Home Number: | |
| Cell Number: | |
| Business Number: | |
| Email: | |



Only fill out the following if you are complaining in the interest of the Child.

What is your relationship to the child?

Parent Legal guardian State representative Attorney-At- Law Social Worker Other


If State employee kindly state name of employer:

.....

If other, please state and fill in section below:


| | |
|----------------------------|--|
| Name: | |
| Gender: | |
| Age: | |
| Identification No.: | |

| | |
|-----------------------------|--|
| Address: | |
| Occupation: | |
| Place of employment: | |
| Business No.: | |
| Cell No.: | |
| Email Address: | |

 Only fillout the following section if someone is **assisting** the **person complaining** on behalf of the child.

| | |
|----------------------|--|
| Name: | |
| Organisation: | |
| Address: | |
| Business No.: | |
| Home No.: | |
| Cell No.: | |
| Email: | |

PART [B]

 In the event that you are complaining **against** more than one person or organisation kindly fill out this **[Section 1 (a) or (b) of Part [B]]**. If more than two persons or organisations; please use additional complaint forms.

1(a) Who are you complaining **against**?

| | |
|---------------------------|--|
| Name/Organisation: | |
| Address: | |
| Business No.: | |
| Home No.: | |
| Cell No.: | |
| Email: | |

What is this person's/organisation's relationship to you?

- Parent Legal guardian State representative Attorney-At- Law Social Worker
Family Member Teacher Friend Police Officer Employer Other

If **other** or **state representative**, please state:

.....

(b).Who are you complaining **against**?

| | |
|---------------------------|--|
| Name/Organisation: | |
| Address: | |
| Business No.: | |
| Home No.: | |
| Cell No.: | |
| Email: | |

What is this person's/organisation's relationship to you?

Parent Legal guardian State representative Attorney-At- Law Social Worker
Family Member Teacher Friend Police Officer Employer Other

If other or state representative, please state:

2(a).I believe that I have been **discriminated** against on the grounds of my:

Race Age Religion Stereotyping
Gender Culture Disability

(b). I was **psychologically/physically**violated against in the form of:

Sexual abuse Incest Sexual Harassment Tortured/Cruel Treatment
Statutory Rape Pornography Kidnapped Molested

School Bullying:

- Physical
- Verbal

- Emotional
- Sexting (cellphones)
- Cyber
- Homophobic

(c). I am a victim of or witness to trafficking in children for the purpose of:

- Forced Labour
- Servitude / Slavery
- Prostitution / Sexual Exploitation
- Pornography
- Removal of organs

(d). I was a Child Combatant (soldier)

(e). I was in a gang

(f). My right to be heard or to associate was denied

(g). My rights to rehabilitative care was denied

(h). My rights to have access to safe public space and nature was denied

(i). I am not allowed to attend school

3. When did this happen? (day/month/year)

.....

4. Please describe what happened:

.....

Signature:

Date:

[If you need additional space, kindly request additional paper. Add supportive information if necessary]

PART[C]

1. Supporting evidence:

Please attach copies of any documents that may help us to investigate your complaint.

.....
.....

2. How has this affected you?

Please tell us how what you are complaining about affected you.

.....
.....
.....

3. What outcome are you seeking?

.....
.....

4. Have you made a complaint about this to another agency?

.....
.....
.....

5. Have you tried to resolve your complaint in any other way?

.....
.....
.....

Note: Please sign and date the complaint form in order for Rights of the Child Commission to investigate the complaint on your behalf.

Thank you!