

FORM 3
DISCIPLINARY REFFERALS TO NATIONAL COMMISSIONER / PROVINCIAL
COMMISSIONER
 (Regulation 12(1))
CASE INVESTIGATIVE REPORT

Complaint Details			
CCN		Incident description code	
Type of report		Report date	
Date of last report		Complaint class	
Complainant		Date of complaint	
SAPS CR/CAS number		Suspect Identification	
Investigator		Assignment	
Reporting staff member			
Source of complaint			
Summary of complaint			
Evidence giving rise to disciplinary recommendations			
Analysis and findings			

Recommendations regarding disciplinary action to be taken in terms of applicable disciplinary regulations or code

Signature of investigator: _____

Recommended / not recommended

Full names of supervisor: _____

Signature of supervisor: _____

Full names of IPID Provincial head: _____

Signature of IPID Provincial head: _____

Full names of IPID Executive Director / member acting in terms of regulation 12(4):

Signature of IPID Executive Director / member acting in terms of regulation 12(4):
