



SA Federation for  
Mental Health

## HUMAN RIGHTS VIOLATIONS REGISTER

SURNAME & INITIALS	NAME OF SCHOOL/ORG. & PROVINCE	PHYSICAL ADDRESS	DATE WHEN INCIDENT OCCURRED	BRIEF DESCRIPTION	ADDITIONAL INFORMATION	TELEPHONE/CELLPHONE NUMBER

THE FORM CAN BE SENT TO [safmh@sn.apc.org](mailto:safmh@sn.apc.org) OR FAXED TO 011 326 0625. FOR MORE INFORMATION, PLEASE CONTACT THE SA FEDERATION FOR MENTAL HEALTH

*"We actively work with the community to achieve the highest possible level of mental health for all "*

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