



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 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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