



PARTY AGENT INCIDENT REPORT FORM

NOTE: Please use this form to keep a record of each important problem, complaint or objection that happens while you are on duty.

DISTRICT: C T

VOTING STATION: Marconi Beam. Gorwan Mbeki

DATE: 27 - 4 - 94

YOUR NAME: Gloria Mtombeni

What kind of incident was it? (Please tick)

- | | | | |
|------------------------------|----|--------------|----|
| Intimidation | NO | Violence | NO |
| Cheating | NO | Overcrowding | NO |
| Mistake by Official | NO | Long Delays | NO |
| Other (please fill in) | | | |

Time of incident:

Describe what happened: Every thing go very well except that the people at had lot of fear and confused some take long time shaking without telling their problems.

What did you do about it? There were getting a lot of help.

What action was taken by the Presiding Officer or other officials?

Good help

NOTE: Please keep this form and give it to your District Election Agent.