



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: **VOTING STATION:** BOOTH MEMORIAL HOSPITAL

DATE: 26-4-94 **YOUR NAME:** Lynn Jackson

What kind of incident was it? (Please tick)

- Intimidation ...
- Cheating ...
- Mistake by Official ...
- Violence ...
- Overcrowding ...
- Long Delays ...

Other (please fill in) ASSESSMENT OF PATIENTS ABILITY TO VOTE.

Time of incident: 16:00 - 19:00

Describe what happened: There are ± 200 people in the hospital of whom ± 32 voted. Some we visited, + they were clearly unable to vote. However, others we skipped altogether, apparently because the staff thought they were unable to vote. There was no list available from the psychiatrist to check

What did you do about it? this, + I feel it could be open to abuse. I spoke to the Sea Point Office about it, + the Presiding Officer + IEC Chief, but left it at that, as I doubt we got any votes there. However it could be a problem at other hospitals as well.
What action was taken by the Presiding Officer or other officials?

They took no action + seemed to be happy to go along with the recommendations of the hospital staff.

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

L. Jackson