



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: CAPE TOWN VOTING STATION: CAMPSEBAY CLUB

DATE: 28-04-94 YOUR NAME: PHILA NDESI

What kind of incident was it? (Please tick)

- | | | | |
|------------------------------|-------------------------------------|--------------|-----|
| Intimidation | ... | Violence | ... |
| Cheating | ... | Overcrowding | ... |
| Mistake by Official | <input checked="" type="checkbox"/> | Long Delays | ... |
| Other (please fill in) | | | |

Time of incident: 15:25 hrs PM

Describe what happened: THE TOP OF THE BALLOT BOX WAS NOT CLOSED ENOUGH. PROVISIONAL 2. SIDE NO-276 518. FRONT NO-276 519

11/5/94 [New seals were put on to ^{top of} this box at count point without party agents present - ^{see} report from counting monitor Sandy.]

What did you do about it? I Told the Presiding OFFICER about THAT.

What action was taken by the Presiding Officer or other officials?
HE SAYS that he is going to close it again, otherwise he is already see that

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