

CRISIS CARE CENTRE

REFERRAL TO SAPS



**THE STATION COMMANDER
SOUTH AFRICAN POLICE SERVICES**

Enq: _____

Ext: _____

Ref.: _____

Date: _____

Dear Sir / Madam,

This is to certify that (name of patient) _____

presented to *Hospital / CHC / Clinic* _____

Time: _____ Date: _____

with a complaint that he / she was sexually assaulted.

A medical examination was performed by me on (date) _____

The documentation and forensic evidence is currently retained at _____

and are obtainable from _____

Please offer the patient assistance in laying a charge and obtaining a case number.

Yours faithfully,

Official Stamp

Signature

Print name

Designation

Name of clinic / CHC / hospital

Contact number