

COMPLAINT AGAINST KDH, KHAYELITSHA.

I am Nobuntu Gladys Fuzane. I am 61 years old. My address is P 880, Site B, Tekana Crescent, Khayelitsha, 7784.

On 04-02-2014 my child was sick then I called the ambulance. They took her to KDH Khayelitsha new Hospital. They kept her at Trauma for two days. On the 06th of February 2014, they referred my child to Groote Schuur Hospital. On the 07th of February 2014 my daughter were referred back to Khayelitsha Hospital. Khayelitsha did admit her in ward 2. She was there for two weeks.

On the 13th of February they phoned me to come and fetch her because they have discharged her. When I got there I took off my daughters hospital clothes that she had on. I then saw that she have been beaten badly. I called the Sister in charge and asked her who had beaten my child? She said she don't know. She called all the staff and asked, but nobody knew anything. I then called the doctor and he said that it is pressure. I asked what kind of pressure?

We took my child to the police station where they took photos of her and then took her to a private doctor. The doctor said that her hip is broken. My child cannot walk. She is always in bed now and she is on the nappy. I am very sad that the hospital had beaten my child.

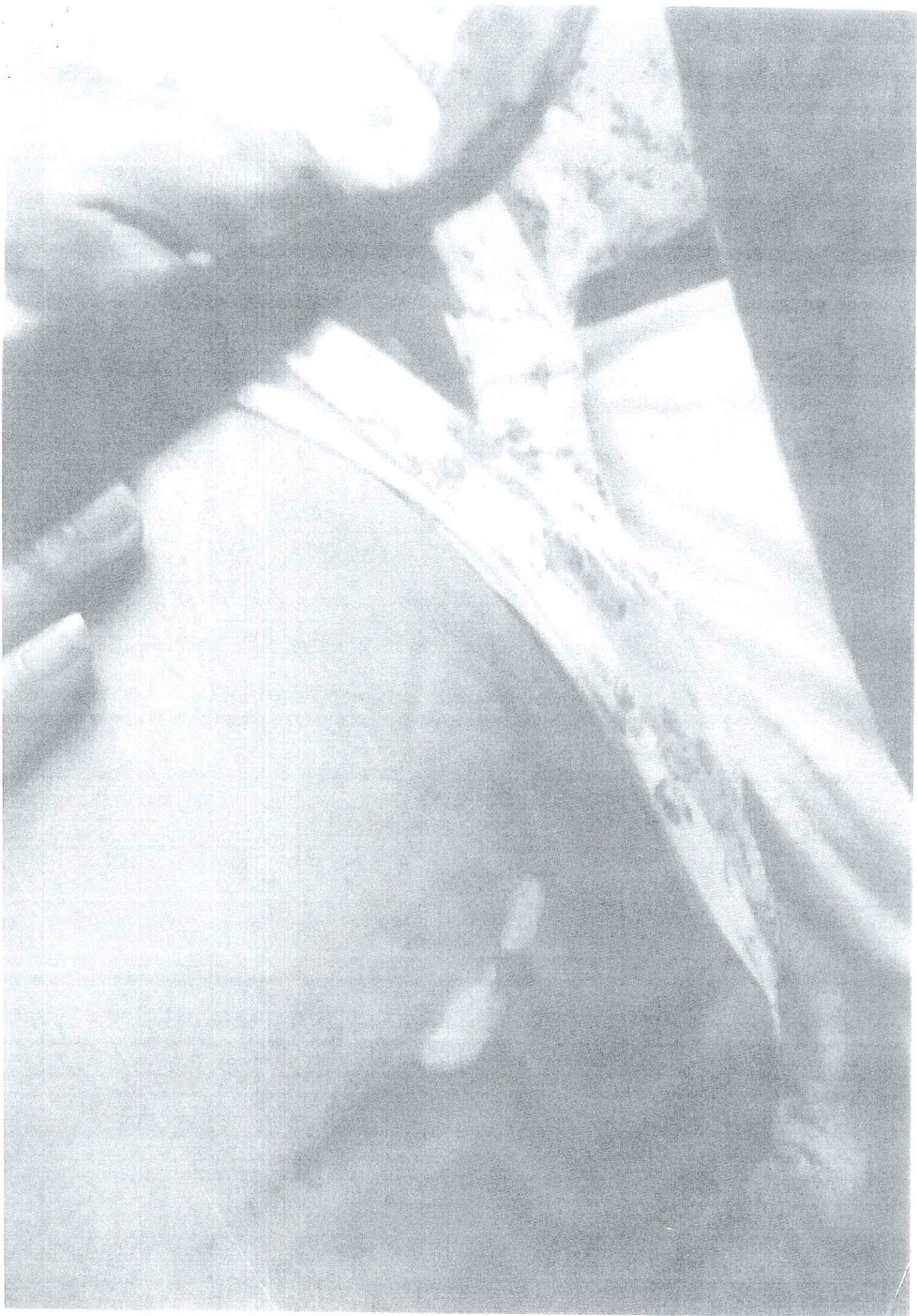
On 03-03-2014 I went to parliament to lay a complaint against the hospital but a was not helped. I also went to Province and again no help. I opened a case on 18-02-2014. The case number is 507-02-2014. On the 27th October 2014 the prosecutor called me. He promised to refer the case to the high court. On the 16th October 2014 the prosecutor called me again and informed me that she closed the case. I asked her why and she informed me that there is evidence but no suspect. The prosecutor said that I must go to a lawyer to sue the hospital, but I don't have money as I work as a cleaner. I was so sad. I need help because my daughter is very bad.

NG FUZANE

Signature : NG. Fuzane

0828128994





P 880
21 Tekane Crescent
Site B
Khayelitsha
7784

Medical superintendent
Khayelitsha hospital
Khayelitsha
7784

Complaint of assaults on patient Ms Tamara Fuzane

1. My daughter Tamara Fuzane was admitted at Khayelitsha Hospital on the 2014-02-04 she had no injuries of assault in her body, she is staying with me only.
2. On Friday 2014-02-07, Tamara Fuzane was returned back to Khayelitsha from Groote Schuur Hospital, I went to visit her and she had no injuries.
3. On 2014-02-13 at 15:00, I went to visit her and I was told she is discharged so I must take her home I started to dress her as I took the night dress off, I noticed the marks on her right arm and back and on the hip as well.
4. I immediately called the nurse on duty to show her we both saw the injuries and the nurse called the staff and asked them no one knew how injuries got to her.
5. I took my daughter Tamara to a private doctor on 2014-02-14 for further examination Dr Mawisa told me that the marks were from assault.
6. I desire investigation on this case my child has been through a lot I cannot tolerate what has happened

Yours sincerely

N.G. FUZANE

Mrs N.G. Fuzane



REPUBLIC OF SOUTH AFRICA

SOUTH AFRICAN POLICE SERVICE	
J88 (81/805259)	
14 FEB 2014	
AMAPOLISA OMZANTSHI AFRICA	

**REPORT BY AUTHORISED MEDICAL PRACTITIONER ON THE
COMPLETION OF A MEDICO-LEGAL EXAMINATION**

To be completed in legible handwriting and signed on every page

A. DEMOGRAPHIC INFORMATION

1. Police station:	2. CAS No.:	3. Investigating officer: Name and number:	4. Time □ □ : □ □ Day Month Year □ □ : □ □ □ □ □ □
5. Name (Capacity) e.g. Nurse, Doctor, etc DR. P. S. MAWISA B.Sc., M.B.Ch.B. Pr No: 1551566		10. Physical practice address or stamp: DR. P. S. MAWISA B.Sc., M.B.Ch.B. Pr No: 1551566	
6. Registered qualifications:	7. Phone number:	8. Fax number:	9. Place of examination:
	1 NGCONDE AVE SITE B KHAYELITSHA TEL: 021 361 6255	POSTAL ADDRESS P.O. BOX 30 NONKQUBELA 7793 FAX: 086 546 5381	

11. Full names of person examined: TAMARA FUZANE	12. Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	13. Date of birth/apparent age: 10.06.1982
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B. GENERAL HISTORY

1. Relevant medical history and medication: SEIZURES ON EPILIM.

C. GENERAL EXAMINATION

1. Condition of clothing: CLEAN		
2. Height (cm): 165	3. Mass: 98 kg	4. General body build: Overweight
5. Clinical findings: In every case the nature, position and extent of the abrasion, wound or other injury must be described and noted together with its probable date and manner of causation. The position of all injuries and wounds must also be noted on the sketches. Multiple Linear abrasions and contusions criss crossing the (R) upper arm Shoulder Hip - Broken completely developed ulcer		
6. Mental health and emotional status: Satisfactory		
7. Clinical evidence of drugs or alcohol: NIL		
8. CONCLUSIONS Soft tissue injury		

Signature (Capacity e.g. Nurse)

D. HISTORY IN CASE OF ALLEGED SEXUAL OFFENCE

J88

2

1. Age of menarche <input type="checkbox"/> <input type="checkbox"/>	2. Number of pregnancies <input type="checkbox"/> <input type="checkbox"/>	3. Number of deliveries <input type="checkbox"/> <input type="checkbox"/>	4. Duration of pregnancy (if applicable) <input type="checkbox"/> <input type="checkbox"/> weeks
5. Contraception (indicate with X): Yes <input type="checkbox"/> No <input type="checkbox"/>		7. First date of last menstruation:	
6. Method and last date of application/ingestion:		8. Duration of period	
9. Duration of cycle		10. Date and time of last intercourse with consent:	
11. Number of consensual sexual partners during last 7 days:		12. Condoms: Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Since the alleged offence took place, has the person (indicate with X) bathed <input type="checkbox"/> washed <input type="checkbox"/> douched <input type="checkbox"/> showered <input type="checkbox"/> urinated <input type="checkbox"/> changed clothing <input type="checkbox"/>			

E. GYNAECOLOGICAL EXAMINATION (State clinical findings)

1. Breast development: Tanner stage 1-5 <input type="checkbox"/>	2. Pubic hair: Tanner stage 1-5 <input type="checkbox"/>	3. Mons pubis:
4. Clitoris	5. Frenulum of clitoris:	
6. Urethral orifice:	7. Para-urethral folds:	
8. Labia majora:	9. Labia minora:	
10. Posterior fourchette: scarring: bleeding: increased friability: tears:		
11. Fossa navicularis:		
12. Hymen: configuration:	13. Opening diameter (mm): Transverse <input type="checkbox"/> <input type="checkbox"/> Vertical <input type="checkbox"/> <input type="checkbox"/>	
14. Swelling:	15. Bumps:	16. Clefts:
17. Fresh tears (position):	18. Synechiae:	19. Bruising:
20. Vagina: Number of fingers admitted:	bleeding: discharge:	tears:
21. Cervix:	erosion: bleeding:	discharge: other:
22. Perineum:		

F. SAMPLES TAKEN FOR INVESTIGATION

1. Forensic specimens taken: Urine sample for pregnancy test: Positive <input type="checkbox"/> Negative <input type="checkbox"/>		Seal number of Evidence Collection Kit:
2. Specimens handed to: Name:	Rank and Force number:	
Signature:		
3. CONCLUSIONS		
Signature (Capacity e.g. Nurse)		

POLICE STATION: CAS NO.: / / INVESTIGATING OFFICER

***CERTIFICATE IN TERMS OF SECTION 212(4) AND 213(3) OF ACT 51 OF 1977 (AS AMENDED)

I, Rumla S Mawisa (* Full names and Surname)
hereby certify as follows:

I am in the service of the State / provincial administration / in the service of or attached to the South African Institute for Medical Research / a university in the Republic (*Delete which is not applicable) in my capacity as a *District Surgeon / Registered Medical Practitioner / Doctor / Nurse / Other (Please specify)
(* Delete which is not applicable)

On the 14th day of February year 2014 at 12 H.00 (*Time of examination)
and at Khayaletshu Medical Centre (*State place where examination took place).
I examined TAMARA FURANE (*State full names of person examined).

I recorded my findings and observations on the preceding pages 1 to 4 of this J88 form.

The facts recorded on pages 1 to 4 of the J88 form were established by an examination requiring skill in anatomy.

The contents of this J88 form is true to the best of my knowledge and belief and I am making this statement knowing that, if it were tendered in evidence, I would be liable to prosecution if I willfully stated in it anything I knew to be false or which I do not believe to be true.

DATED AT Khayaletshu (*PLACE) ON THE 14th DAY OF
February year 2014 AT 12 H00 (*TIME).

SIGNATURE OF DECLARENT

Rumla S Mawisa
PRINT NAME AND SURNAME

*** (NB: Section 212(4)(a)(i) to (v) of Act 51 of 1977:

" Whenever any fact established by any examination or process requiring any skill-
.... in anatomy...a (n) affidavit made ... shall, upon its mere production ... be prima facie proof of such
fact: Provided that the person who may make such affidavit may, in any case in which skill is required
in ..., anatomy ..., issue a certificate in lieu of such affidavit...")

G. ANAL EXAMINATION (State clinical findings)

3

SKIN SURROUNDING THE ORIFICE

- | | | |
|---------------------|-------------------------|------------------------|
| 1. Hygiene | 4. Abrasions: | 7. Redness/erythema: |
| 2. Pigmentation: | 5. Scars: | 8. Bruising/haematoma: |
| 3. Fissures/cracks: | 6. Swelling/thickening: | 9. Tags: |

ORIFICE

- | | | |
|---|--|--------------------------|
| 10. Tears/fissures: | 13. Reflex dilatation: | 16. Twitchiness/winking: |
| 11. Swelling/thickening of rim (tyre sign): | 14. Shortening/eversion of anal canal: | 17. Discharge: |
| 12. Funneling: | 15. Cupping: | |

DIGITAL EXAMINATION

- | | |
|--|-------------------------------|
| 18. Presence of hard faeces in rectum: | 20. Thickening of anal verge: |
| 19. Laxity (pressure on anal orifice): | 21. Tone (sphincter grip): |

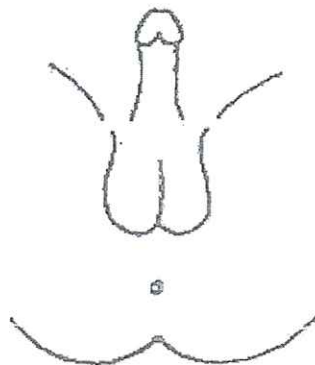
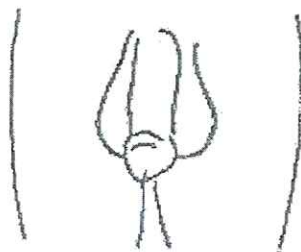
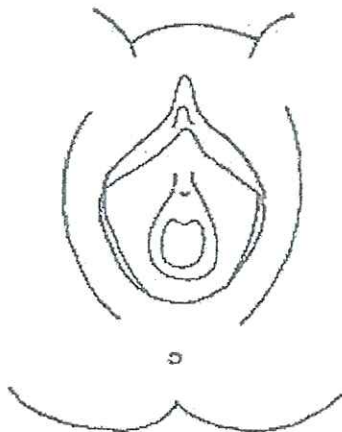
22. CONCLUSIONS

H. MALE GENITALIA

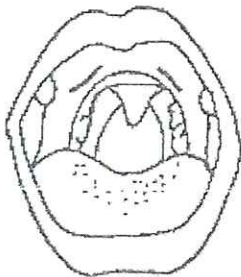
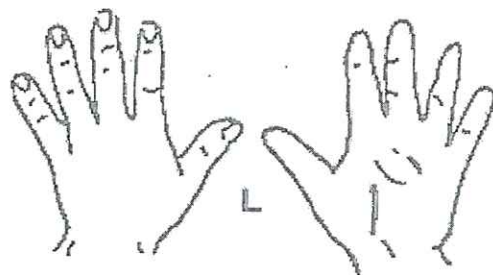
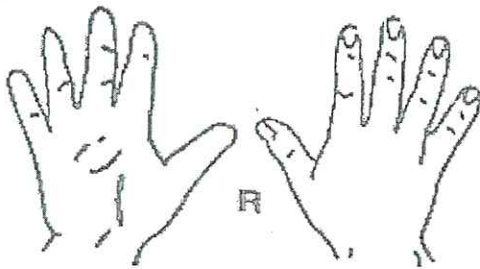
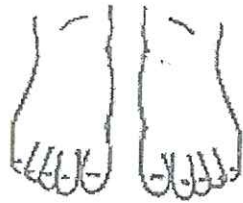
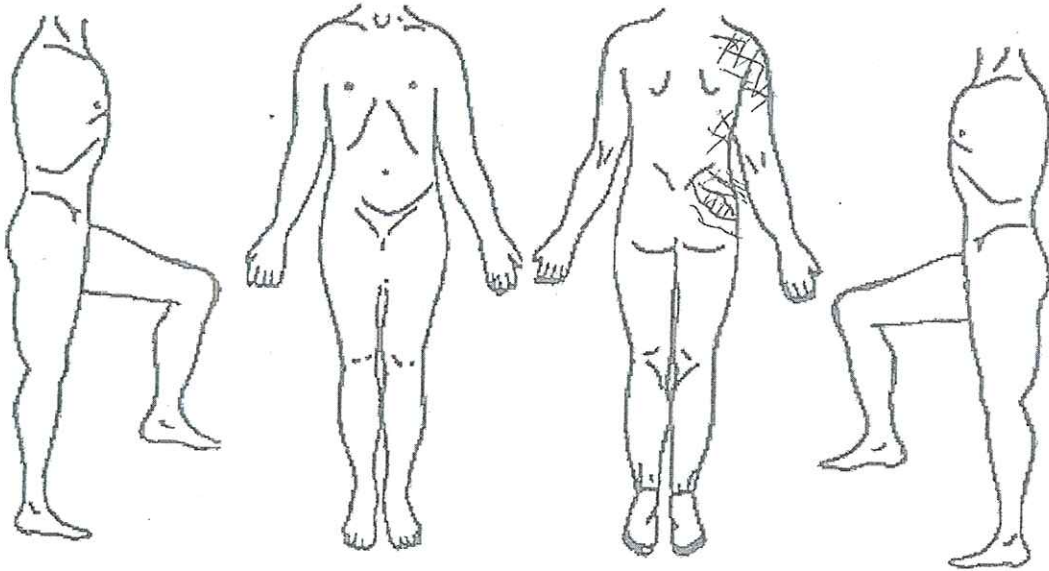
- | | | |
|---|---|---------------------------|
| 1. Genital development: Tanner stage 1-5 <input type="checkbox"/> | 6. Pubic hair: Tanner stage 1-5: <input type="checkbox"/> | 11. Prepuce and frenulum: |
| 2. Glans: | 7. Shaft: | 12. Scrotum: |
| 3. Testes: | 8. Epididymus: | 13. Vas deferens: |
| 4. Ulceration: | 9. Penile discharge: | 14. Smegma: |
| 5. Presence of faeces: | 10. Circumcision: | 15. Urethral orifice: |

16. CONCLUSIONS

SCHEMATIC DRAWING OF FINDINGS



Signature (Capacity e.g. Nurse)



Signature (Capacity of Nurse)