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INDIVIDUAL HUMAN RIGHTS VIOLATION(S) DOCUMENTATION FORM

How to use this form: *this form is intended to be used for documenting human rights violations perpetrated against yourself or other individuals. You may provide as much or as little information as you are comfortable with disclosing and find important to documenting the incident. This form may be submitted virtually to our human rights violations database (afgj.org/hrs/database) at afgj.org/hrs/repository or printed and completed for your own purposes (i.e. filing an official complaint or documenting factual information for a legal proceeding). If you're mobilizing in response to this human rights violation, you can document a call to action at afgj.org/hrs/repository/document-calls-to-action. If you have any questions or concerns, please email humanrightsreports@afgj.org.*

BACKGROUND INFORMATION: VICTIM(S) OF HUMAN RIGHTS VIOLATION

Full name of the victim(s):
You may specify "anonymous"

Age:

Socioeconomic status:

- ☐ Poor/working class
- ☐ Middle class
- ☐ Upper class
- ☐ Other

Gender (check as many as apply):

- ☐ Female/femme
- ☐ Male
- ☐ Cisgender
- ☐ Transgender
- ☐ Non-binary
- ☐ Gender fluid
- ☐ Other

Race (check as many as apply):

- ☐ White
- ☐ Black
- ☐ Indigenous
- ☐ Latino
- ☐ Chicano
- ☐ Arab/Middle Eastern
- ☐ Asian/Pacific Islander
- ☐ Other

Nationality or place of origin:

Does the victim belong to any political or social organization?

- ☐ Yes
- ☐ No
- ☐ Not sure

If so, what is the name of the organization?

Does the victim have any kind of disability (i.e. physical, learning, psychological)?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you answered "yes" to the previous question, what type(s) of disabilities does the victim have?

- ☐ Physical
- ☐ Learning
- ☐ Psychological
- ☐ Other

Any other facts, background or relevant information about the victim(s) that preceded the human rights violation?

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FACTUAL DOCUMENTATION: INFORMATION PERTAINING TO THE HUMAN RIGHTS VIOLATION

Date of incident:
(MM/DD/YY)

Time of incident (approximate):
(Specify time zone)

Location of incident:
(Exact address or city/state)

Type(s) of human rights violation(s) (check all that apply):

- ☐ Police brutality
- ☐ Racial profiling
- ☐ Border patrol violence
- ☐ Arbitrary detention
- ☐ Indefinite detention
- ☐ Politically-motivated detention
- ☐ Arbitrary surveillance
- ☐ Political surveillance
- ☐ Political incarceration
- ☐ Capital punishment
- ☐ Hate crime (i.e. racist, classist, xenophobic, homophobic, misogynist, Islamaphobic, antisemitic, sinophobic, etc.)
- ☐ Enforced disappearance
- ☐ Disappearance not investigated by the state
- ☐ Workplace safety violation
- ☐ Eviction
- ☐ Domestic violence
- ☐ Gender-based violence
- ☐ Racialized gender-based violence (i.e. misogynoir)
- ☐ Housing discrimination
- ☐ Employment discrimination
- ☐ Discrimination in healthcare
- ☐ Discrimination in education
- ☐ Environmental racism
- ☐ Discrimination in policing & the justice system
- ☐ Voter suppression
- ☐ Censorship
- ☐ Paramilitary violence
- ☐ Criminal negligence (any kind)
- ☐ Politically-targeted repression (any kind)
- ☐ Other: _____

Issue(s) the individual human rights violation(s) pertains to (check all that apply):

- ☐ Racial justice
- ☐ Immigration justice
- ☐ Criminal justice
- ☐ State violence & repression
- ☐ Environmental justice
- ☐ Housing justice
- ☐ Education justice
- ☐ Healthcare justice
- ☐ Labor rights
- ☐ Women's rights
- ☐ Disability rights
- ☐ LGBTQ rights
- ☐ Economic justice (general)
- ☐ Decolonization & anti-imperialism
- ☐ Other: _____

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Did the perpetrator(s) of the violation use hate speech during the assault?
i.e. racist, classist, xenophobic, homophobic, misogynist, Islamaphobic, antisemitic, sinophobic, ideologically targeted, etc.

- ☐ Yes
- ☐ No
- ☐ Not sure

Did the violation cause physical, psychological, or socioeconomic harm to the victim(s)? (Check all that apply)

- ☐ Physical harm
- ☐ Psychological harm
- ☐ Socioeconomic harm

Please describe the human rights violation that occurred.

Did the event primarily affect adults, children, or both?

- ☐ Adults
- ☐ Children
- ☐ Both
- ☐ Not sure

Were authorities involved in the incident?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you answered "yes" to the previous question, do you know if authorities ordered the violation or if they did nothing to stop it?

- ☐ They ordered the violation
- ☐ They did nothing to stop it
- ☐ Not sure
- ☐ N/A

Please indicate the names and positions of the authorities involved in the incident (if known), if applicable.

Please describe any physical consequences (i.e. serious injury, sensory loss, permanently disabled, disruptions to reproductive system, onset of chronic disease or cancer, death, etc.) experienced by the victim of the human rights violation, if any.

Please describe any psychological consequences (i.e. emotional distress, insomnia, PTSD, learning disability, behavioral changes, anxiety, depression, other mental illness onset, etc.) experienced by the victim of the human rights violation, if any.

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Have you already filed an official complaint? ☐ Yes ☐ No	Case number of official complaint (if applicable):
Signature of witness (optional):	

INFORMATION FOR FOLLOW-UP (OPTIONAL) Please answer the following questions & email your completed form to humanrightsreports@afgj.org for follow-up from AFGJ	
Will you or an organization be further pursuing the case? ☐ Yes ☐ No ☐ Not sure	**If you answered "yes" to the previous question, who or what organization will further pursue the case?**
Check if the person submitting this documentation is interested in: ☐ Providing further information ☐ Receiving a statement of solidarity from AFGJ ☐ Receiving training in human rights monitoring, reporting & campaigning ☐ Other:_____	

CONTACT INFORMATION (OPTIONAL) (Individual or organization name)		
Primary contact:	**Email:**	**Phone number:**
Secondary contact:	**Email:**	**Phone number:**