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HUMAN RIGHTS VIOLATION REPORTING FORM

FOR REPORTING HUMAN RIGHTS VIOLATIONS AGAINST INDIVIDUALS

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

<table>
<tr><th colspan="4">INDIVIDUAL BACKGROUND INFORMATION: VICTIM(S) OF HUMAN RIGHTS VIOLATION</th></tr>
<tr><td colspan="3">Full name of the victim(s):
You may specify “anonymous”</td><td>Age:</td></tr>
<tr><td>Socioeconomic status:
☐ Poor/working class
☐ Middle class
☐ Upper class
☐ Not sure</td><td>Gender (check as many as apply):
☐ Female/femme
☐ Male
☐ Cisgender
☐ Transgender
☐ Non-binary
☐ Gender fluid</td><td>Race (check as many as apply):
☐ White
☐ Black
☐ Indigenous
☐ Latinx
☐ Chicanx
☐ Arab/Middle Eastern
☐ Asian/Pacific islander</td><td>Nationality or place of origin:</td></tr>
<tr><td colspan="2">Do you belong to any political or social organization?
☐ Yes
☐ No</td><td colspan="2">If so, what is the name of the organization?</td></tr>
<tr><td colspan="4">Any other facts, background or relevant information about the victim(s) that preceded the human rights violation?</td></tr>
</table>

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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 (check all that apply):

- ☐ Police brutality
- ☐ Racial profiling
- ☐ Border patrol violence
- ☐ Indefinite detention
- ☐ Political incarceration
- ☐ Capital punishment
- ☐ Hate crime (i.e. racist, classist, xenophobic, homophobic, misogynist, Islamaphobic, antisemitic, sinophobic, etc.)
- ☐ Disappearance (i.e. forced or not investigated by the state)
- ☐ Domestic violence
- ☐ Gender-based violence
- ☐ Misogynoir violence
- ☐ Housing discrimination
- ☐ Employment discrimination
- ☐ Discrimination in health care
- ☐ Discrimination in education
- ☐ Criminal negligence (any kind)
- ☐ Politically-targeted repression (any kind)
- ☐ Other: _____

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

- ☐ Racial justice
- ☐ Immigration justice
- ☐ Criminal justice
- ☐ State violence & repression
- ☐ Environmental justice
- ☐ Housing justice
- ☐ Education justice
- ☐ Health care justice
- ☐ Labor rights
- ☐ Women's rights
- ☐ LGBTQ rights
- ☐ Economic justice (general)
- ☐ Other: _____

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

- ☐ Yes
- ☐ No

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.

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

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CONTACT INFORMATION (OPTIONAL)		
If other than the victim, name of the witness giving the testimony:	**Witness' relationship to the victim (if applicable):**	**Is the witness giving the testimony also the primary contact person?** ☐ Yes ☐ No
Contact email for follow-up:	**Contact phone # for follow-up:**	**Mobile phone?** ☐ Yes ☐ No

INFORMATION FOR FOLLOW-UP (OPTIONAL)	
What type of support is the victim requesting?	
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 a legal consultation about the incident ☐ Receiving training in human rights monitoring and documentation ☐ Other:_____	