

JUSTICE starts with TRUTH

A Form for You
to Document and
Report Torture
and Other Human
Rights Violations
during Protest



irct

International Rehabilitation
Council for Torture Victims

ifeg

independent
forensic
expert group

Instructions

— This form has been created for use by all victims and witnesses of torture and other human rights violations during protest, arrest, and detention.

— This form is intended to assist you to document and report your experience and any evidence of physical harm.

— If you wish to file a legal complaint, this form can help you to document your experience and injuries. However, an interview with a legal advocate is still recommended.

— This form does not solicit all information necessary for the filing of a legal complaint, such as witness or perpetrator identities.



You have the option of identifying yourself or completing this form anonymously. If you decide to fill in the Personal Identification Section (General Information Section A), you should be aware of any legal consequences of doing so, including potential self-incrimination for participation in illegal protest. If you are unsure of the consequences of identifying yourself, you should seek legal counsel.

00 GENERAL INFORMATION

A. PERSONAL IDENTIFICATION

(Optional. Do not fill in this information if you wish to stay anonymous.)

1. Name: _____

2. Date of Birth (dd/mm/yyyy): ____/____/____

3. Contact details:

e-mail _____ phone _____

B. BASIC INFO

1. Current date (dd/mm/yyyy): ____/____/____

2. Gender: Male Female

3. Occupation: _____

C. I AM REPORTING A HUMAN RIGHTS VIOLATION AS THE:

Victim Witness

D. PLACE WHERE INCIDENT OCCURRED *(check all that apply)*

Scene of protest *(Complete Section 01)*

Detention (such as transport vehicle or police station) *(Complete Section 02)*

E. Were you INJURED during the event?

Yes No *(If YES, Complete Section 03)*

01 SCENE OF PROTEST

1.

Would you please describe in detail WHAT HAPPENED TO YOU - when, where, what, how and by whom?

INSTRUCTIONS:

— Please be as detailed as possible and describe the violations you experienced or witnessed. The more detail the better, including the time, date, where you were, what was happening at the time.

— If you were injured, please tell us what was happening at the time and the position were you in when you were injured? Did you seek help? Did you get any treatment after?

— If it helps, you may wish to tell your story to someone you trust and ask them to write it down for you.

WHEN

Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

WHERE

City _____ District _____

Street and nearest intersection _____

WHAT

a. Was happening at the time (please describe the overall context/the development of the protest at the moment you got injured):

b. Happened to you (please describe how you were ill-treated and/or got injured)

1. (cont.)

Would you please describe in detail **WHAT HAPPENED TO YOU** - when, where, what, how and by whom?

INSTRUCTIONS:

■ Please be as detailed as possible and describe the violations you experienced or witnessed. The more detail the better, including the time, date, where you were, what was happening at the time.

■ If you were injured, please tell us what was happening at the time and the position were you in when you were injured?

Did you seek help? Did you get any treatment after?

■ If it helps, you may wish to tell your story to someone you trust and ask them to write it down for you.

b. Happened to you (cont.)

c. Please check all that apply

- Beating Trauma to head Use of service dogs Handcuffing
- Shot with impact ammunition (e.g., rubber bullets) Electric shocked
- Dragged on ground Water canons Crushed Humiliated
- Stabbed with object Exposed to chemicals (e.g., pepper gas)
- Placed in painful physical position (e.g., prolonged squatting or kneeling)
- Forced to lay on the ground Threatened
- Other (specify): _____

WHO DID IT (check all that apply)

- Police OMON Plain clothed officers Don't know/Unsure
- Other (specify): _____

2.

Were you INJURED?

YES NO

If YES, please answer the following questions below:

a. Do you or did you have any visible injuries? YES NO
(e.g., bruises, cuts, scrapes, swelling)

If Yes, please describe briefly here and complete Section 03: _____

b. Do you or did you have any other physical pain or discomfort? YES NO
(e.g., twisted ankle, sprained wrist, or headache)

If Yes, please specify: _____

c. Is there anything you can't do now because of your injuries? YES NO
(e.g., sit down, lie down, lift your arm, urinate, or write)

If Yes, please specify: _____

3.

Were you EXAMINED BY A MEDICAL DOCTOR after the incident you described?

YES NO

If YES, please provide further details:

WHEN

Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

WHERE

City: _____ Place or name of establishment: _____

Do you have a copy of the medical report(s)? YES NO

Did they take photographs of your injuries during the exam? YES NO

02 DETENTION

1.

Please specify the place of detention

(if you have been detained in several places provide details for each place of detention)

1st PLACE OF DETENTION

WHEN

from Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

to Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

WHERE

City _____ Place or name of establishment _____

2nd PLACE OF DETENTION

WHEN

from Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

to Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

WHERE

City _____ Place or name of establishment _____

3rd PLACE OF DETENTION

WHEN

from Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

to Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

WHERE

City _____ Place or name of establishment _____

4th PLACE OF DETENTION

WHEN

from Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

to Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

WHERE

City _____ Place or name of establishment _____

2. (cont.)

Would you please describe in detail **WHAT HAPPENED TO YOU** – when, where, what, how and by whom?

INSTRUCTIONS:

■ Please be as detailed as possible and describe the violations you experienced or witnessed. The more detail the better, including the time, date, where you were, what was happening at the time.

■ If you were injured, please tell us what was happening at the time and the position were you in when you were injured?

Did you seek help? Did you get any treatment after?

■ If it helps, you may wish to tell your story to someone you trust and ask them to write it down for you.

a. Happened to you (cont.)

b. Please check all that apply

- Beating Trauma to head Beating of feet Hung or suspended
- Burned Electric shocked Suffocated Crushed Threatened
- Placed in painful physical position (e.g., prolonged squatting or kneeling)
- Exposed to chemicals Violated sexually (e.g., forced to be nude) Isolated
- Stabbed with object Humiliated Lack of basic needs (e.g., water, toilet)
- Poor conditions Sleep deprived Watched/listened to abuse of others
- Forced to harm others Exposed to extreme temperatures
- Lack of medical care Other (specify): _____

WHO DID IT (check all that apply)

- Police OMON Plain clothed officers Don't know/Unsure
- Other (specify): _____

3.

Were you INJURED?

YES NO

If YES, please answer the following questions below:

a. Do you or did you have any visible injuries? YES NO
(e.g., bruises, cuts, scrapes, swelling)

If Yes, please describe briefly here and complete Section 03: _____

b. Do you or did you have any other physical pain or discomfort? YES NO
(e.g., twisted ankle, sprained wrist, or headache)

If Yes, please specify: _____

c. Is there anything you can't do now because of your injuries? YES NO
(e.g., sit down, lie down, lift your arm, urinate, or write)

If Yes, please specify: _____

d. Were any of your medical needs unmet? YES NO
(e.g., were you not allowed to take your medicine or get treatment for injuries?)

If Yes, please specify: _____

4.**Access to DOCTOR/
MEDICAL ASSISTANCE:**

Were you examined by a doctor during your detention? YES NO

If NO, did you request to see a doctor after the abuse you described?

Yes, to whom: _____ No

If YES,

a. When (check all that apply)

Upon arrest After interrogation Before being put in cell

At court Upon release Upon transfer to other facility

Other (specify): _____

b. Was the examination conducted after the abuse you described? Yes No

c. Please also answer the following questions:

i. Where did the exam take place: _____

ii. How long after you were detained did it take place: _____

iii. How long did the exam last: _____

iv. Did you request this examination or did someone else:

Self Someone else (specify): _____

v. Did you willingly give your consent to this exam:

Yes No, why not: _____

vi. Was it done in private (without other people present or able to listen):

Yes No (specify): _____

vii. Did you tell the doctor about the way you were mistreated or abused?

Yes No, why not: _____

viii. Have you been able to read the medical report? Yes No

ix. During medical examination I have been:

Fully undressed Partially undressed Fully dressed
(i.e. not requested to undress)

5.**Referral for FORENSIC
EXAMINATION:**

Have you been referred for examination by a forensic doctor/medico-legal specialist? YES NO **IF YES, where:**

City: _____ Place or name of establishment: _____

6.

Other related LEGAL RIGHTS AND SAFEGUARDS

I. INVESTIGATION

a. Did you inform anyone else about the abuse? YES NO

If YES:

WHEN _____

WHO Lawyer Police Military Prosecutor

Judge Court staff Detention staff

Other (specify): _____

b. Did they take any actions based on what you told them? YES NO

If YES, please specify: _____

II. RIGHTS OF ACCUSED

a. Were you informed of the charges against you?

YES, when: _____ NO

b. Were you informed of your rights?

YES, when: _____ NO

If YES, did you sign and understand any documents about that? YES NO

c. Were you allowed to contact your family?

YES, when: _____ NO

d. Were you allowed to contact your lawyer or provided with access to a lawyer?

YES, when: _____ NO

III. LENGTH OF DETENTION

a. How long did you spend in custody for questioning or interrogation:

b. How long did you spend in detention before being referred to the prosecutor:

c. How long did you spend in detention before meeting a judge:

d. When were you released from detention?

Date (dd/mm/yyyy): ____/____/_____

2.
PHOTOGRAPH(S) of injuries?

- *You may provide/attach photo(s).*
- *If you would like to take photos, here are some tips:*
 - *Take multiple photos of each injury, from different angles – the more photos the better*
 - *First, take a full body photo so we can see the pattern of injuries*
 - *Second, take medium distance photos so we can see your injury and the region of your body where it is*
 - *Last, take close up photos of each injury*
 - *Please take photos with a ruler or a common object like a coin or pen next to your injury so we can tell what size it is*
 - *Record the date and time you took the photos*
 - *If possible, take photos using natural light*

Do you have any PHOTOGRAPHS of your injuries? YES NO

If YES, who took the PHOTOGRAPHS of your injuries?

Took photos myself Someone else took photos

Please provide further details:

WHEN

Date (dd/mm/yyyy): ____/____/____ Time (format 00:00-23:59): ____:____

Photograph(s) submitted?

YES, specify number of photos: _____ NO

Other notes:



irct

International Rehabilitation
Council for Torture Victims

ifeg

independent
forensic
expert group