

# 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

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## 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):

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

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**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.)**


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**c. Please check all that apply**

- Beating     Trauma to head     Use of service dogs     Handcuffing
- Shot with impact ammunition (e.g., rubber bullets)     Shot with live ammunition
- Dragged on ground     Water canons     Crushed     Electric shocked
- 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     Humiliated
- 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)*

**1<sup>st</sup> 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<sup>nd</sup> 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 \_\_\_\_\_

**3<sup>rd</sup> 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 \_\_\_\_\_

**4<sup>th</sup> 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.)**


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**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): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

# 03 INJURIES

## 1.

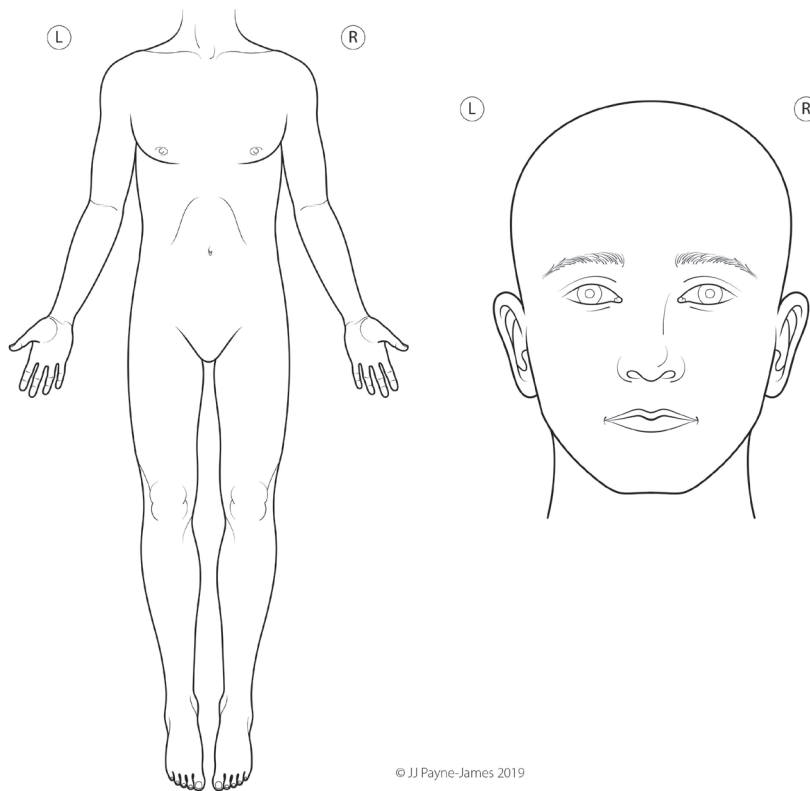
Do you have or have you had any visible **INJURIES** as a result of the protest or detention?

YES       NO

If YES, please answer the following questions below:

### INSTRUCTIONS:

- Use the body diagrams to mark region(s) of your body on which you have had and/or still have visible injuries (e.g., bruises, cuts, scrapes, swelling etc.).
- Indicate the size and shape of your injuries in the diagram.
- Try your best to describe your injuries.
- Try to describe their appearance such as color, shape, size, and how many.



\* Left & Right shown as if you're looking at someone or in the mirror

Please mark above and describe below your injuries on **ANTERIOR** ASPECT OF YOUR HEAD AND/OR BODY:

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**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:*

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