JUSTICE starts with TRUTH

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

<table>
<thead>
<tr>
<th>WHEN</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (dd/mm/yyyy):  ____/ ____/ _______</td>
<td>Time (format 00:00-23:59):  <strong><strong>:</strong></strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHERE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City  _______________________________</td>
<td>District  ____________________________</td>
</tr>
<tr>
<td>Street and nearest intersection  _____________________________</td>
<td></td>
</tr>
</tbody>
</table>

**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.)

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
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______________________________________________________________________
______________________________________________________________________

<table>
<thead>
<tr>
<th>c. Please check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Beating</td>
</tr>
<tr>
<td>☐ Shot with impact ammunition</td>
</tr>
<tr>
<td>(e.g., rubber bullets)</td>
</tr>
<tr>
<td>☐ Dragged on ground</td>
</tr>
<tr>
<td>☐ Stabbed with object</td>
</tr>
<tr>
<td>☐ Placed in painful physical position (e.g., prolonged squatting or kneeling)</td>
</tr>
<tr>
<td>☐ Forced to lay on the ground</td>
</tr>
<tr>
<td>☐ Other (specify):</td>
</tr>
</tbody>
</table>

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
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. 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.

**WHAT**

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

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
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): _____/_____/______
1. Do you have or have you had any visible INJURIES as a result of the protest or detention?

**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

If YES, please answer the following questions below:

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
1. (cont.)
Do you have or have you had any visible INJURIES as a result of the protest or detention?

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.

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________