### submission form OF INDIVIDUAL COMMUNICATIONS TO TREATY BODIES

Please provide answers to **all areas of the form**. Submissions in languages other than **English, French, Russian or Spanish** will not be processed. The completed form should enable treaty bodies to determine the nature and scope of your complaint for the purposes of registration.If needed, please include as an attachment any additional, chronologically-ordered factual information. (Maximum word limit of this attachment: 10,000). Please check the **Guidelines for submission of individual communications to treaty bodies** for further assistance on how to complete this form.

#### Name of Committee to which the communication is submitted:

{committeeName}

#### State party or States parties concerned:

#### {country}

#### Complainant:

|  |  |
| --- | --- |
| First name | {complainantFirstName} |
| Family name | {complainantFamilyName} |
| Date of birth | {complainantDOB} |
| Nationality | {complainantNationality} |

#### Contact details of complainant:

|  |  |
| --- | --- |
| Email | {complainantEmail} |
| Phone number | {complainantPhoneNo} |
| Address | {complainantAddress} |

#### Victim (if different from complainant):

|  |  |
| --- | --- |
| First name | {victimFirstName} |
| Family name | {victimFamilyName} |
| Date of birth | {victimDOB}. |
| Nationality | {victimNationality} |

1. Counsel or other representative (if the complainant is represented):

|  |  |
| --- | --- |
| First name | {representativeFirstName} |
| Family name | {representativeFamilyName} |
| Email | {representativeEmail} |
| Phone number | {representativePhoneNo} |
| Address | {representativeAddress} |

#### Would you like for the complainant / victim’s name to be anonymized in an eventual decision by the Committee?

{#isAnonymized}  Yes ☐ No {/isAnonymized} {^isAnonymized} ☐ Yes  No{/isAnonymized}

#### Have you submitted the same matter under another procedure of regional / international investigation or settlement?

{#hasSubmitted}  Yes ☐ No {/hasSubmitted} {^hasSubmitted} ☐ Yes  No{/hasSubmitted}

#### If the answer is yes, please indicate the procedure or body, the date of submission, the authors and the claims invoked, and the decision adopted

{submissionDetails}

#### Are you requesting interim measures (to avoid irreparable harm to the complainant/victim) or measures of protection (to avoid harm or reprisals against the complainant/victim and/or family members or representatives)?

{#isRequesting}  Yes ☐ No {/isRequesting} {^isRequesting} ☐ Yes  No{/isRequesting}

#### If yes, indicate what kind of specific measures and justify the request. [word limit: 400]

{#interimMeasures}

{index}. {value}

{/interimMeasures}

#### Facts. Please provide a summary of the main facts of the case, in chronological order, including the dates, and information on administrative/judicial remedies. Please focus on the facts of the individual case. Information referring to a general context should be included only if relevant, and as brief as possible. Do not include allegations of violations (these should be included in para. 11 below) Include information on domestic remedies: Please describe, in chronological order, each step taken by the victim(s) to raise their claims before courts and/or administrative authorities. Please describe the date and content of each submission, the authority to which it was submitted, the date of the decision, and the reason(s) for the decision. If domestic remedies have not been exhausted, please state why [word limit 2,500]

{#facts}

{index}. {value}

{/facts}

#### Claim. Please explain how and why you consider that the facts and circumstances described violate your rights/ the victim(s)’ rights. Please specify which rights you consider to have been violated (if possible, identify the articles under the relevant treaty) [word limit 600]

{#claims}

{index}. {value}

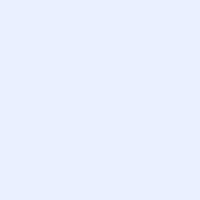
{/claims}

#### Date, place and signature

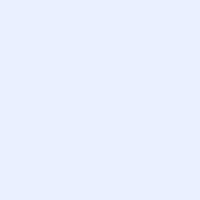
Date Click or tap to enter a date.

Place Click or tap here to enter text.

Signature of the complainant(s) and victim(s) (if different and able to sign):



Signature of the Counsel (if the complainant is represented):



**Note: You will need to send two files:**

* **The word document file (does not need signature) AND**
* **The signed document scanned or photographed**

#### List of documents

Please make sure all documents are ordered by date, are numbered consecutively, and are clearly labeled (Example: Annex 1 (Complaint to District Court-4 Jun 2020); Annex 2 – (Decision of District Court-8 Jul 2020)).

☐ Decisions of domestic courts (and administrative authorities) on your claim as well as executive summaries of such decisions if they are not in one of the four working languages indicated above

☐ Complaints to and decisions by any other procedure of international investigation or settlement

☐ Any documentation or other corroborating evidence you possess that substantiates your communication, including medical or psychological reports, if relevant.

☐ Relevant national legislation, if applicable.

#### How to submit individual communications

Please send the completed application form and attached documentation by email to: **petitions@ohchr.org**

If it is impossible to submit the case electronically, please explain why and send in paper (not exceeding 20 single-sided pages) to:

Petitions and Urgent Actions Section

OHCHR

Palais des Nations

Avenue de la Paix 8-14

1211 Geneva

Switzerland.

**No paper complaints will be processed unless a justification is provided. Please do not include originals, but only copies. No documents will be returned.**