

# **VIOLATION REPORT QUESTIONNAIRE**

**For reports of violations of the rights of national, ethnic, racial or religious groups that may indicate a risk of genocide or mass atrocities**

## **1 CONTACT INFORMATION**

Name..... First name(s).....

Name of organization (if any).....

Address.....

Telephone..... E-mail.....

## **2 COUNTRY CONCERNED**

Name of the State concerned.....

## **3 SUMMARY OF FACTS**

Detail, in chronological order, the facts and circumstances of the alleged violations. Include names of alleged victims, dates, locations, and other relevant evidence.

Please explain how you consider that the facts and circumstances described indicate a risk of genocide or mass atrocities, including:

- Evidence that the victims were targeted on account of their ethnicity, national status, or religion
- Specific threats made at the time of the violation or in reference to it
- Evidence to show the violation is consistent with a wider pattern of violations or discrimination against the group concerned.

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*[Take as much space as you need to respond to this or other questions.]*

4 REDRESS

Describe steps taken by or on behalf of the alleged victims to obtain redress within the State concerned for the alleged violation, including recourse to the courts and other public authorities, and the outcomes:

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Indicate whether this matter has been submitted to any other regional or international monitoring or judicial procedure, and the outcome(s):

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5 SUPPORTING DOCUMENTATION

Please list here any copies of documents you are attaching to support these allegations, including, medical or police reports, witness statements, photographs, court documents, etc. (Please only submit copies, *not* originals.)

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6 DECLARATION

I declare that the information above is true and accurate. The Genocide Prevention Office may use this information to assess risks of genocide or mass killing. I am aware that the information provided may be passed to third parties in order to facilitate the investigation of threats of genocide or mass atrocities.

Name..... Title / Position.....

Signed..... Date.....