Date: Investigator: Location: Witness Log Nr. Pseudonym:

Last Name of Witness/Victim
_____

First Name of Witness/Victim _____

Date of Birth _____ Sex: male ( ) female ( )

Telephone number _____

Profession_____

Nationality and Religion (sect)
_____

Circumstances surrounding the incident: Witness Yes ( ) No ( )

Victim Yes ( ) No ( )

Name of the person affected _____

Date of Birth _____ Sex: male ( ) female ( )

Telephone number _____

Profession_____

Nationality and Religion (sect) _____

How the was complaint was submitted _____

Date of submission _____

Type of Complaint_____

Type of attack/violation (you can choose more the one):

○ Harassment (physical/ sexual/ verbal) ○ Torture ○ Rape ○ Detention or arbitrary arrest ○ Detained with or without charges ○ Fired from work ○ Expelled from university or withdrawal of scholarship	○ Media harassment ○ Travel ban ○ Deprivation or damage to property ○ General injuries ○ Missing person ○ Misuse of Authority ○ Killed ○ Other

Date:
Investigator:
Location:
Witness Log Nr.
Pseudonym:

Please answer the following questions if the affected person was detained:

Date of arrest _____Date of release_____ Place of detention_____

How many times have you been interrogated? _____

What was the duration of these interrogations? _____

Were you aware of the location of the detention? _____

If yes, when did you realize your location? _____

Were you forced to sign something you did not read? Yes ( ) No ( )

Were you forced to make a recorded or videotaped confession? _____

Were you in contact with any person during your detention? _____

If yes, how long after your arrest did you contact anyone? _____

Were you able to contact: Family ( ) Lawyer ( ) Other ( )

Did you receive medical care during detention? Yes ( ) No ( )

Please give an approximate time for when you were last allowed to contact anyone

_____

How long did it take your family to learn of the location of your detention? _____

Did you face any charges? Yes ( ) No ( )

Were you allowed respond to the charges? Yes ( ) No ( )

Do you have any requests? _____

Please describe any injuries you sustained during detention and any specific medical care you have received (or any additional information you would like to provide):

Date:
Investigator:
Location:
Witness Log Nr.
Pseudonym:

Please provide your statement in the box provided: