

FOR OFFICIAL USE ONLY

File # _____

File name _____

Received on: _____

HUMAN RIGHTS MONITORING FORM (IGI A-1)

1. Monitoring Information Submitted by:

Name of monitoring organization/person	Country/Focal Integrity Team	Date:

2. Source person(s) or agency

Name of source person(s) or agency	Source person's relation to event: (e.g. survivor; witness)
Does the source person agree for his name to be publicly disclosed? (Yes or no) .Explain to him full implications of disclosing identity	

(If more than 1 source, please add tables)

3. Event Information

Location of event: <i>(Please give as much detail about time, place and physical addresses)</i>

Summary description of event (Including total number of persons negatively affected by event): <i>(Please do not exceed space provided. If required, please attach a separate narrative to this form, in addition to this summary)</i>

The victims or survivors may have been subjected to a number of human rights violations during the event described in this form. *(Please select violations from the list below)*

Violation/Abuse	Tick	Date
Killing and/or injury		
Physical assault/attack		
Summary execution		
Torture/inhuman and degrading treatment		
Arbitrary arrest/detention		
Kidnapping and Abduction		
Rape or attempted rape/ sexual assault		
Human trafficking		
Forced labor/Slavery		
Forced Prostitution		
Domestic violence		
Female Genital Mutilation		
Child recruitment /involvement into armed hostilities		
Child labor/child pornography		
Denial of access to humanitarian assistance /diversion of aid		
Attack on school or health facility		
Prevention of return/forced return		
Forced evictions (<i>indicate whether private or public land</i>)		
<i>Other (specify)</i>		

4. Individual information - Person(s) negatively affected by the event

Name of person <i>(and nickname, if available)</i>		Age:	Sex:	Marital status:	
			M	Single	
			F	Married	
				Divorced	
				widowed	
Place of residence (Country, region, district, town, settlement, estate, village)					
Father's name, Mother's name					
Tribe of victim/ survivor	Sub-tribe		Clan/sub-clan		
Other relevant identity information: (e.g. Nationality, religion, professional occupation)					
Which categories does this person fall into?					
child	<input type="checkbox"/>	resident	<input type="checkbox"/>	ethnic minority	<input type="checkbox"/>
IDP/evictee	<input type="checkbox"/>	refugee	<input type="checkbox"/>	political prisoner	<input type="checkbox"/>
disabled	<input type="checkbox"/>	religious minority	<input type="checkbox"/>	woman	<input type="checkbox"/>

(If more than 1 person is negatively affected, and individual details are relevant, add tables. You may also choose to use a separate form per person, or complete the group section below)

4A. Group information *(please use this when individual identities are not relevant for documenting the event)*

Description of group					
Other relevant identity information: (e.g. Tribe, clan, political affiliation, nationality, religion, professional occupation)					
Place of residence (Country, region, district, settlement, town, village)					
Do group members fall into any of these categories?					
child	<input type="checkbox"/>	woman	<input type="checkbox"/>	ethnic minority	<input type="checkbox"/>
IDP/evictee	<input type="checkbox"/>	refugee	<input type="checkbox"/>	political prisoner	<input type="checkbox"/>
disabled	<input type="checkbox"/>	religious minority	<input type="checkbox"/>	resident	<input type="checkbox"/>
Group breakdown by number, age and sex:					
Female children:	Male children:	Female adults:	Male adults:		

5. Alleged perpetrator(s)

5.1.1 Individually Identified Alleged Perpetrators

Name of alleged perpetrator (e.g. known names, unknown, nickname)					
Identity information: (e.g. place of residence, sex, tribe, clan or physical appearance) <i>(please mention as much detail as possible, indicating the quality of data)</i>					
Relation between alleged perpetrator and affected person(s)					
no known link	<input type="checkbox"/>	employer	<input type="checkbox"/>	landlord	<input type="checkbox"/>
family member	<input type="checkbox"/>	spouse	<input type="checkbox"/>	parent/guardian	<input type="checkbox"/>
teacher	<input type="checkbox"/>	community/village member	<input type="checkbox"/>	Health worker	<input type="checkbox"/>
religious leader	<input type="checkbox"/>	village authority/clan elder	<input type="checkbox"/>	Law enforcer	<input type="checkbox"/>
Other:					

(If more than 1 alleged perpetrator is involved, and individual details are relevant, add tables. You may also choose to complete the group section below, or use a separate form per alleged perpetrator)

5.1.2 Group of Alleged Perpetrators

Name and/or description of group (i.e. military officers, tribal warriors, political party supporters)
Identity information: (e.g. Tribe, Clan, nationality, residential place, religion, professional occupation)
Other relevant information:

5.2 Further Information about Alleged Perpetrator (s)

Is (are) alleged perpetrator(s) affiliated with any category in the following group/authority?					
Police/military	<input type="checkbox"/>	religious leader	<input type="checkbox"/>	Foreign group	<input type="checkbox"/>
Judicial official	<input type="checkbox"/>	organized criminal group	<input type="checkbox"/>	Political/state official	<input type="checkbox"/>
Traditional authority	<input type="checkbox"/>	vigilante group/private army	<input type="checkbox"/>	Terrorist group	<input type="checkbox"/>
Other:					
Please briefly describe possible reasons: (E.g. criminal or ethnic, religious or political, one-off or systematic, indiscriminate or targeted, sexual and gender based)					
Is type of event likely to repeat itself?					

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6.0 Intervention

6.1 Actions taken to date:

Action by Person(s) affected by the violation:
Action by Authorities: (e.g. religious/traditional leaders, police)
Action by Other: (e.g. Monitor, other human rights/humanitarian organizations, medical services)

6.2 Planned further actions:

Action by Person(s) affected by the violation:
Action Authorities: (e.g. religious/traditional leaders, police)
Action by Other: (e.g. Monitor, other human rights/humanitarian organizations, medical services)

6.3 Conclusions and Recommendations

Briefly state your conclusions and recommendations for this case. Also indicate relevant security and confidentiality aspects.

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7.0 Evidence

Evidence (where applicable) Please tick evidence attached					
Signed statement of survivor or guardian	<input type="checkbox"/>	Signed statement of the witness (es)	<input type="checkbox"/>	Signed statement of the alleged perpetrator(s)	<input type="checkbox"/>
Newspaper cutting(s)	<input type="checkbox"/>	Medical Evidence	<input type="checkbox"/>	Photos/TV footage/clips	<input type="checkbox"/>
Court records/police records	<input type="checkbox"/>	Declaration(s) by Survivor or guardian's	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Include the reference numbers of each of the pieces of evidence e.g. Event-Place-month-year-Evidence Number (1, 2, 3 etc)					