

## **HOW TO BRING INFORMATION TO THE ATTENTION OF THE SPECIAL RAPORTEURS, WORKING GROUPS AND COMMITTEES**

Standard forms for the use of Victims, Victims' kith and kin to complain to the United Nations Treaty bodies and Special Rapporteurs are given below.

*For any further information, there are thirty five (35) facts sheets available in the UN website of the Office of the High Commissioner for Human Rights – (OHCHR), please refer to these.*

<http://www.ohchr.org/EN/PUBLICATIONSRESOURCES/Pages/FactSheets.aspx>

*If any further information is needed, please contact the following phone number or send an Email or Fax.*

**Phone + 41-22-917 9000 or + 41-22-917 1234**

**E-mail address: [webadmin.hchr@unog.ch](mailto:webadmin.hchr@unog.ch)**

**Fax.: +41-22-917 9006**

*The forms and information given below are excerpts from the following Facts sheets of the UN High Commissioner for Human Rights – (OHCHR)*

**Fact sheet No. 4 - Combating Torture (Rev.1)**

**Fact sheet No. 6 - Enforced or Involuntary Disappearances (Rev.3)**

**Fact sheet No.11- Extrajudicial, Summary or Arbitrary Executions (Rev.1)**

**Fact sheet No. 17- The Committee against Torture**

**Fact sheet No. 26 -The Working Group on Arbitrary Detention**

*So far, there is no special form available to send information to the **United Nations Panel of Experts on Accountability in Sri Lanka**.*

*Therefore, any organisation which has collected or is collecting information to submit to the “UN Panel of Experts on Accountability in Sri Lanka”, can use information compiled in the forms below.*

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## HOW TO BRING INFORMATION TO THE ATTENTION OF THE COMMITTEES

Any information coming within the scope of the Convention against Torture, the International Covenant on Civil and Political Rights, the Convention on the Rights of the Child or the International Convention on the Elimination of Racial Discrimination should be sent to the following address:

**CHAIRPERSON OF THE COMMITTEE AGAINST TORTURE OR  
HUMAN RIGHTS COMMITTEE OR  
COMMITTEE ON THE RIGHTS OF THE CHILD OR  
COMMITTEE ON THE ELIMINATION OF RACIAL DISCRIMINATION**

**OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS  
UNITED NATIONS OFFICE AT GENEVA  
1211 GENEVA 10**

**Fax.: +41-22-917 9022**

**E-mail address: [webadmin.hchr@unog.ch](mailto:webadmin.hchr@unog.ch)**

**Phone number : +41-22-917 9000 or +41-22-917 1234**

Any information coming within the scope of the Convention on the Elimination of All Forms of Discrimination against Women should be sent to the following address:

**CHAIRPERSON OF THE COMMITTEE ON THE ELIMINATION  
OF DISCRIMINATION AGAINST WOMEN  
OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS  
UNITED NATIONS OFFICE  
NEW YORK**

**FAX.: +1-212-963-3463**

**E-mail address: [daw@un.org](mailto:daw@un.org)**

**\* \* \* \* \***

## FORM TO SUBMIT A COMMUNICATION ON A VICTIM OF AN ENFORCED OR INVOLUNTARY DISAPPEARANCE

**Important: Elements indicated with an asterisk (\*) are mandatory.**

**Note:** If any information contained in the report, besides the mandatory requested elements, should be kept confidential, please write "CONFIDENTIAL" beside the relevant entry.

### **CASES SUBMITTED BY ORGANIZATIONS:**

Please note that if a case is being submitted to the Working Group by an organization, it is necessary for that organization to follow up on it by conveying Government information

from the Working Group to the family and from the family to the Working Group until the fate or whereabouts of the person are determined. In this regard, ***please indicate whether the reported victim's family has given its direct consent*** for your organization to submit this case to the Working Group on its behalf and whether your organization will be able to liaise between the family and the Working Group.

\* Consent of victim's family given directly to your organization to submit this case?

Yes, direct consent received from family .....

No consent from family .....

\*If this case is being submitted by an organization, will the organization be able to follow up by conveying information between the family and the Working Group?

Yes ..... No.....

**1. Identity of the disappeared person:**

(a) Family name (\*):.....

(b) First name (\*): .....

(c) Sex: male ..... / female .....

(d) Date of birth:.....

(e) Identity document:..... No: .....

Date of issue: ..... Place of issue: .....

(f) Address of usual residence:.....  
.....  
.....

(g) Pregnant: yes ..... / no .....

**2. Date on which the disappearance occurred (\*):**

Day: ..... Month(\*): ..... Year(\*): ..... of disappearance

**3. Place of arrest or abduction, or where the disappeared person was last seen (\*):**

Location (if possible, street, city, province or other relevant indications):  
.....  
.....  
.....  
.....

**4. Forces (State or State-supported) believed to be responsible for the disappearance (\*):**

(a) If the perpetrators are believed to be State agents, please specify (military, police, persons in uniform or civilian clothes, agents of security services, unit to which they belong, rank and functions, etc.) and indicate why they are believed to be responsible. Be as precise as possible:

.....  
.....  
.....  
.....

(b) If identification as State agents is not possible, why do you believe that Government authorities, or persons linked to them, are responsible for the incident?

.....  
.....  
.....  
.....

(c) If there are witnesses to the incident, indicate their names. If they wish to remain anonymous, indicate if they are relatives, passers-by, etc. If there is evidence, please specify:

.....  
.....  
.....  
.....

**5. Action taken by relatives or others to locate the person (enquiries with police, jail, human rights commission, habeas corpus petition, etc.) (\*):**

(a) Indicate if complaints have been filed, when, by whom and before which organ.

.....  
.....  
.....  
.....

(b) Other steps taken:

.....  
.....  
.....  
.....

(c) If action was not possible, please explain why:

.....  
.....  
.....  
.....

**6. Identity of the person or organization submitting the report (\*):**

(a) Family name: .....

(b) First name:.....

(c) Relationship to the disappeared person: .....

(d) Organization (if applicable):.....

(e) Address (telephone, fax, e-mail): .....

.....  
.....  
.....

(f) Please state whether you would like **your identity** to be kept **confidential**

Yes, keep my identity confidential: \_\_\_\_\_

No request for confidentiality: \_\_\_\_\_

**Additional information on the case**

Please indicate any other relevant information that has not been covered by the previous questions. If one of the mandatory elements noted (\*) in this report could not be answered, please indicate why.

.....  
.....

**Date:**..... **Signature of author:** .....

**Address to submit cases:**

**WORKING GROUP ON ENFORCED OR  
INVOLUNTARY DISAPPEARANCES  
OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS  
PALAIS DES NATIONS  
1211 GENEVA 10  
SWITZERLAND**

**E-mail:** [wgeid@ohchr.org](mailto:wgeid@ohchr.org)

**Fax:** +41 22 917 9006,

**Attn:** Working Group on Enforced or Involuntary Disappearances

**\* \* \* \* \***

**EXTRAJUDICIAL, SUMMARY OR ARBITRARY EXECUTIONS**

**How to bring information or appeals to the attention of the Special Rapporteur**

Any individual, group, non-governmental organization, inter governmental agency or Government who has reliable knowledge of the occurrence of an extrajudicial, summary or arbitrary execution.

The following information is needed:

(a) Information regarding the incident: date; place; description of how the incident occurred; in cases of alleged violations of the right to life in connection with the death penalty, information on short comings with regard to fair trial guarantees; in cases of imminent violations of the right to life, the reasons for which the person's life is feared to be at risk; in cases of imminent alleged violations in connection with the death penalty, in addition to the aforementioned information, the appeals submitted;

(b) Information regarding the victims of the incident; the number of victims; if known, their name, age, sex, profession and/or activities if related to the (imminent) violation of the right to life;

(c) Information regarding the alleged perpetrators: if known, an explanation of the reasons why they are suspected of being responsible; if the perpetrators are not State agents, details about how these forces or individuals relate to the State (e.g. cooperation with State security forces including information on chains of command; State connivance with or tolerance of their operations, etc.);

(d) Information regarding the source of the allegation: name and full address of the organization or individual submitting the allegation to the Special Rapporteur.

**Other information which is of interest to the Special Rapporteur, if available, includes:**

(a) Additional information regarding the victims of the incident which may help identify them, e.g. their place of residence or origin;

(b) Additional information regarding the alleged perpetrators: names, the unit or service to which they belong as well as their rank and functions;

(c) Information regarding steps taken by the victims or their families and, in particular, about complaints filed, by whom, and before which organ. If no complaint was filed, information as to why not;

(d) Information regarding steps taken by the authorities to investigate the alleged violation of the right to life and/or measures adopted to protect persons under threat as well as to prevent similar incidents in the future, in particular: if complaints were filed, the action taken by the competent organs upon their receipt; the progress and status of investigations at the time of the submission of the allegation; in case the results of the investigation are said to be unsatisfactory, an explanation of why this is so.

More general information relating to the right to life, e.g. on recent legislative developments in regard to capital punishment, on amnesty laws, or reliable information indicating a pattern with regard to impunity, is welcomed by the Special Rapporteur as well. Such information enables him to evaluate better the general situation of the right to life in particular countries.

Any information of interest to the Special Rapporteur on extrajudicial, summary or arbitrary executions should be sent to the following address either by mail or by fax:

**SPECIAL RAPPORTEUR ON EXTRAJUDICIAL,  
SUMMARY OR ARBITRARY EXECUTIONS  
OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS  
1211 GENEVA 10, SWITZERLAND  
FAX: 41 22 917 9006**

\* \* \* \* \*

# THE COMMITTEE AGAINST TORTURE

## MODEL COMMUNICATION

Date:

.....

*submitted for consideration under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*

### I. Information concerning the author of the communication

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

Nationality ..... Profession .....

Date and place of birth.....

Present address

.....  
.....

Address for exchange of confidential correspondence (if other than present address)

.....  
.....  
.....  
.....

Submitting the communication as:

(a) Victim of the violation or violations set forth below ..... [ ]

(b) Appointed representative/legal counsel of the alleged victim(s)..... [ ]

..... [ ]

(c) Other ..... [ ]

If box (c) is marked, the author should explain:

(i) In what capacity he is acting on behalf of the victim(s) (e.g. family relationship or other personal links with the alleged victim(s)):

.....  
.....

(ii) Why the victim(s) is (are) unable to submit the communication himself (themselves):

.....  
.....

***An unrelated third party having no link to the victim(s) cannot submit a communication on his (their) behalf.***

### II. Information concerning the alleged victim(s)(if other than author)

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

Nationality ..... Profession .....

Date and place of birth .....

Present address or whereabouts .....

.....  
.....

**III. State concerned/articles violated/domestic remedies**

Name of the State party (country) to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment against which the communication is directed:

.....  
.....

Articles of the Convention against Torture allegedly violated:

.....  
.....

Steps taken by or on behalf of the alleged victim(s) to exhaust domestic remedies-recourse to the courts or other public authorities, when and with what results (if possible, enclose copies of all relevant judicial or administrative decisions):

.....  
.....

If domestic remedies have not been exhausted, explain why:

.....  
.....

**IV. Other international procedures**

Has the same matter been submitted for examination under another procedure of international investigation or settlement (e.g. the Inter-American Commission on Human Rights, the European Commission on Human Rights)? If so, when and with what results?

.....  
.....

**V. Facts of the claim**

Detailed description of the facts of the alleged violation or violations (including relevant dates)\*

.....  
.....

Author's signature:

.....

*\* Add as many pages as needed for this description.*

**COMMUNICATION TO BE SENT TO :**

**The Committee against Torture  
OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS  
United Nations Office  
1211 Geneva  
Switzerland**

**\* \* \* \* \***



# Model complaint form

for communications under:

- **Optional Protocol to the International Covenant on Civil and Political Rights OR**
- **Convention Against Torture, OR**
- **Convention on the Elimination of Racial Discrimination against Women**

Please indicate which of the above procedures you are invoking:

.....

Date: .....

## I. Information on the author of the complaint:

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

Nationality:..... Date and place of birth: .....

.....

Address for correspondence on this complaint: .....

Submitting the communication:

on the author's own behalf: .....

on behalf of another person: .....

[If the complaint is being submitted on behalf of another person:]

Please provide the following personal details of that other person:

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

Nationality: ..... Date and place of birth: .....

.....

Address or current whereabouts: .....

If you are acting with the knowledge and consent of that person, please provide that person's authorization for you to bring this complaint: .....

**Or**

If you are not so authorized, please explain the nature of your relationship with that person: ..... and detail why you consider it appropriate to bring this complaint on his or her behalf: .....

## II. State concerned/articles violated/domestic remedies

Name of the State that is either a party to the Optional Protocol (in the case of a complaint to the Human Rights Committee) or has made the relevant declaration (in the case of complaints to the Committee Against Torture or the Committee on the Elimination of Racial Discrimination): .....

Articles of the Covenant or Convention alleged to have been violated:

.....

### ***Exhaustion of domestic remedies:***

Steps taken by or on behalf of the alleged victims to obtain redress within the State concerned for the alleged violation - detail which procedures have been pursued, including recourse to the courts and other public authorities, which claims you have made, at which times, and with which outcomes:

.....

If you have not exhausted these remedies on the ground that their application would be unduly prolonged, that they would not be effective, that they are not available to you, or for any other reason, please explain your reasons in detail:

.....

### III. Other international procedures

Have you submitted the same matter for examination under another procedure of international investigation or settlement (e.g. the Inter-American Commission on Human Rights, the European Court of Human Rights, or the African Commission on Human and Peoples' Rights)? .....

If so, detail which procedure(s) have been, or are being, pursued, which claims you have made, at which times, and with which outcomes:

.....

### IV. Facts of the complaint

Detail, in chronological order, the facts and circumstances of the alleged violations. Include all matters which may be relevant to the assessment and consideration of your particular case. Please explain how you consider that the facts and circumstances described violate your rights:

.....  
.....  
.....

**Author's signature:** .....

(The blanks under the various sections of this model communication simply indicate where your responses are required. You should take as much space as you need to set out your responses.) Checklist of supporting documentation (copies, not originals, to be enclosed with your complaint):

Written authorization to act (if you are bringing the complaint on behalf of another person and are not otherwise justifying the absence of specific authorization):

.....

- Decisions of domestic courts and authorities on your claim (a copy of the relevant national legislation is also helpful): .....

- Complaints to and decisions by any other procedure of international investigation or settlement: .....

- Any documentation or other corroborating evidence you possess that substantiates your description in Part IV of the facts of your claim and/or your argument that the facts described amount to a violation of your rights:

.....

If you do not enclose this information and it needs to be sought specifically from you, or if accompanying documentation is not provided in the working languages of the Secretariat, the consideration of your complaint may be delayed.

## Annex 2

### Complaint Guidelines

for communications under the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women

#### 1. Information concerning the author(s) of the communication

- Family name
- First name
- Date and place of birth
- Nationality/citizenship
- Passport/identity card number (if available)
- Sex
- Marital status/children
- Profession
- Ethnic background, religious affiliation, social group (if relevant)
- Present address
- Mailing address for confidential correspondence (if other than present address)
- Fax/telephone/e-mail
- Indicate whether you are submitting the communication as:
  - Alleged victim(s). If there is a group of individuals alleged to be victims, provide basic information about each individual.
  - On behalf of the alleged victim(s). Provide evidence showing the consent of the victim(s), or reasons that justify submitting the communication without such consent.

#### 2. Information concerning the alleged victim(s) (if other than the author)

- Family name
- First name
- Date and place of birth
- Nationality/citizenship
- Passport/identity card number (if available)
- Sex
- Marital status/children
- Profession
- Ethnic background, religious affiliation, social group (if relevant)
- Present address
- Mailing address for confidential correspondence (if other than present address)
- Fax/telephone/e-mail

#### 3. Information on the State party concerned

- Name of the State party (country)

#### 4. Nature of the alleged violation(s)

Provide detailed information to substantiate your claim, including:

- Description of alleged violation(s) and alleged perpetrator(s)

- Date(s)
- Place(s)
- Provisions of the Convention on the Elimination of All Forms of Discrimination against Women that were allegedly violated. If the communication refers to more than one provision, describe each issue separately.

## **5. Steps taken to exhaust domestic remedies**

Describe the action taken to exhaust domestic remedies; for example, attempts to obtain legal, administrative, legislative, policy or programme remedies, including:

- Type(s) of remedy sought
- Date(s)
- Place(s)
- Who initiated the action
- Which authority or body was addressed
- Name of court hearing the case (if any).
- If domestic remedies have not been exhausted, explain why.

***Please note: Enclose copies of all relevant documentation.***

## **6. Other international procedures**

Has the same matter already been examined or is it being examined under another procedure of international investigation or settlement? If yes, explain:

- Type of procedure(s)
- Date(s)
- Place(s)
- Results (if any)

*Please note:* Enclose copies of all relevant documentation.

## **7. Date and signature**

Date/place: \_\_\_\_\_

Signature of author(s) and/or victim(s): \_\_\_\_\_

## **8. List of documents attached (do *not* send originals, only copies)**

**Annex 3**

**SPECIAL RAPPORTEUR ON TORTURE**

**Model questionnaire to be completed by persons alleging torture or their representatives**

Information on the torture of a person should be transmitted to the Special Rapporteur in written form and sent c/o Office of the High Commissioner for Human Rights, United Nations Office at Geneva, CH-1211 Geneva 10, Switzerland.

Although it is important to provide as much detail as possible, the lack of a comprehensive account should not necessarily preclude the submission of reports. However, the Special Rapporteur can only deal with clearly identified individual cases containing the following minimum elements of information:

- a. Full name of the victim;
- b. Date on which the incident(s) of torture occurred (at least as to the month and year);
- c. Place where the person was seized (city, province, etc.) and location at which the torture was carried out (if known);
- d. Indication of the forces carrying out the torture;
- e. Description of the form of torture used and any injury suffered as a result;
- f. Identity of the person or organization submitting the report (name and address, which will be kept confidential).

Additional sheets should be attached where space does not allow for a full rendering of the information requested. Also, copies of any relevant corroborating documents such as medical or police records should be supplied where it is believed that such information may contribute to a fuller account of the incident.

Only copies and not originals of such documents should be sent.

**I. Identity of the person(s) subjected to torture**

- A. Family name .....
- B. First and other names .....
- C. Sex: Male .....Female .....
- D. Birth date or age .....
- E. Nationality .....
- F. Occupation .....
- G. Identity card number (if applicable) .....
- H. Activities (trade union, political, religious, humanitarian/solidarity, press, etc.) .....
- I. Residential and/or work address  
.....

**II. Circumstances surrounding torture**

- A. Date and place of arrest and subsequent torture .....
- B. Identity of force(s) carrying out the initial detention and/or torture (police, intelligence services, armed forces, paramilitary, prison officials, other)  
.....

C. Were any persons such as a lawyer, relatives or friends permitted to see the victim during detention? If so, how long after the arrest?

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.....

D. Describe the methods of torture used

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.....

E. What injuries were sustained as a result of the torture?

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F. What was believed to be the purpose of the torture?

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.....

G. Was the victim examined by a doctor at any point during or after his/her ordeal? If so, when? Was the examination performed by a prison or government doctor?

.....  
.....

H. Was appropriate treatment received for injuries sustained as a result of the torture?

.....

I. Was the medical examination performed in a manner which would enable the doctor to detect evidence of injuries sustained as a result of the torture? Were any medical reports or certificates issued? If so, what did the reports reveal?

.....  
.....

J. If the victim died in custody, was an autopsy or forensic examination performed and what were the results?

.....  
.....

### **III. Remedial action**

Were any domestic remedies pursued by the victim or his/her family or representatives (complaints to the forces responsible, the judiciary, political organs, etc.)? If so, what was the result? .....

### **IV. Information concerning the author of the present report:**

- A. Family name
- B. First name
- C. Relationship to victim
- D. Organization represented, if any
- E. Present full address

Information on the torture to be send to :

**THE SPECIAL RAPPORTEUR ON TORTURE  
OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS,  
UNITED NATIONS OFFICE AT GENEVA  
CH-1211 GENEVA 10, SWITZERLAND.**

**Fax.: +41-22-917 9006**

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## **THE SPECIAL RAPPORTEUR ON VIOLENCE AGAINST WOMEN**

### **CONFIDENTIAL VIOLENCE AGAINST WOMEN INFORMATION FORM:**

The name and address of the person/organization submitting the information will remain confidential. Please also mention whether we can contact you for additional information, and if so by what means.

Name of person/organization: .....  
Address: .....  
Fax/tel./e-mail: .....

**VICTIM(S):** *Information about the victim(s) including full name, age, sex, residence, professional and/or other activities related to the alleged violation, and any other information helpful in identifying a person (such as passport or identity card number). Please mention whether the victim is willing to have the case transmitted to the Government concerned.*

Name: .....  
Address: .....  
Date of birth: .....  
Nationality: .....  
Sex: .....  
Occupation: .....  
Ethnic background, religious, social group (if relevant): .....

**THE INCIDENT:** Including dates, place and the harm suffered or to be prevented. If your submission concerns a law or policy rather than a specific incident, summarize the law or policy and the effects of its implementation on women's human rights. Include information about the alleged perpetrators: their names (if known), any relationship they may have to the victims and/or to the Government, and an explanation of the reasons why you believe they are the perpetrators. If you submit information about violations committed by private individuals or groups (rather than government officials), include any information which might indicate that the Government failed to exercise due diligence to prevent, investigate, punish and ensure compensation for the violations. Include information about the steps taken by the victims or their families to obtain remedies, including complaints filed with the police, other officials or independent national human rights institutions. If no complaints have been filed, explain why not. Include information about steps taken by officials to

investigate the alleged violation (or threatened violation) and to prevent similar acts in the future. If a complaint has been filed, include information about the action taken by the authorities, the status of the investigation at the time the communication is submitted and/or how the results of the investigation are inadequate.

Date: .....Time: ..... Location/country: .....

Number of assailants: Are the assailant(s) known to the victim? .....

Name of assailant(s): .....

Does the victim have a relationship with the assailant(s)? If so what is the nature of the relationship? .....

Description of the assailant(s) (include any identifying features):  
.....

**DESCRIPTION OF THE INCIDENT:**

Does the victim believe she was specifically targeted because of gender? If so, why?  
.....

Has the incident been reported to the relevant State authorities? If so, which authorities and when? .....

Have the authorities taken any action after the incident? .....

If so, which authorities? .....

What action? .....

When? .....

Please bring to the attention of the Special Rapporteur any information that becomes available after you have submitted this form. For example, please inform the Special Rapporteur if your human rights concern has been adequately addressed, or of a final outcome has been determined in an investigation or trial, or an action which was planned or threatened has been carried out.

**PLEASE RETURN TO**

**THE SPECIAL RAPPORTEUR ON  
VIOLENCE AGAINST WOMEN  
OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS  
1211 GENEVA 10,  
SWITZERLAND  
(Fax: 00 41 22 917 9006)  
Phone + 41-22-917 9000 or + 41-22-917 1234**

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# THE WORKING GROUP ON ARBITRARY DETENTION

## MODEL QUESTIONNAIRE TO BE COMPLETED BY PERSONS ALLEGING ARBITRARY ARREST OR DETENTION 7/

### I. IDENTITY

1. Family name: .....
2. First name: .....
3. Sex: (Male) (Female)
4. Birth date or age (at the time of detention):.....
5. Nationality/Nationalities:.....
6. (a) Identity document (if any): .....
- (b) Issued by: .....
- (c) On (date): .....
- (d) No.: .....
  
7. Profession and/or activity (if believed to be relevant to the arrest/detention):  
.....  
.....
  
8. Address of usual residence:  
.....  
.....

### II. Arrest

1. Date of arrest.....
  
2. Place of arrest (as detailed as possible):  
.....  
.....  
.....  
.....
  
3. Forces who carried out the arrest or are believed to have carried it out:  
.....  
.....  
.....
  
4. Did they show a warrant or other decision by a public authority?  
(Yes) ..... (No).....
  
5. Authority who issued the warrant or decision:  
.....  
.....  
.....
  
6. Relevant legislation applied (if known):  
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.....

**III. Detention**

1. Date of detention: .....

2. Duration of detention (if not known, probable duration):

.....

3. Forces holding the detainee under custody:

.....  
.....

4. Places of detention (indicate any transfer and present place of detention):

.....

5. Authorities that ordered the detention:

.....  
.....

6. Reasons for the detention imputed by the authorities:

.....  
.....

7. Relevant legislation applied (if known):

.....  
.....  
.....

IV. Describe the circumstances of the arrest and/or the detention and indicate precise reasons why you consider the arrest or detention to be arbitrary

.....  
.....  
.....  
.....

V. Indicate internal steps, including domestic remedies, taken especially with the legal and administrative authorities, particularly for the purpose of establishing the detention and, as appropriate, their results or the reasons why such steps or remedies were ineffective or why they were not taken

.....  
.....

.....  
.....  
.....

VI. Full name and address of the person(s) submitting the information (telephone and fax number, if possible)

.....  
.....  
.....

Date: ..... Signature: .....

**THIS QUESTIONNAIRE SHOULD BE ADDRESSED TO:**

**WORKING GROUP ON ARBITRARY DETENTION.  
OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS,  
UNITED NATIONS OFFICE AT GENEVA,  
1211 GENEVA 10,  
SWITZERLAND,**

**Fax No. (022) 917.90.06,  
E-mail: [urgent-action@ohchr.org](mailto:urgent-action@ohchr.org)**

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*So far, there is no special form available to send information to the [United Nations Panel of Experts on Accountability in Sri Lanka](#).*

*Therefore, any organisation which has collected **or** is collecting information to submit to the “UN Panel of Experts on Accountability in Sri Lanka”, can use information compiled in the forms below.*

**To send your information to the Panel of Experts on Accountability in Sri Lanka,:**

**[UN Panel of Experts on Accountability in Sri Lanka](#)  
[United Nations](#)  
[New York](#)  
[USA](#)**

**OR**

**Email : [panelofexpertsregistry@un.org](mailto:panelofexpertsregistry@un.org)**