[](http://portal.ohchr.org/dav_portal/portal/OHCHR_INTRA/Images/ohchr-gray.eps)

### Form to submit a communication on an alleged

### enforced or involuntary disappearance

### Important PRELIMINARY notice

**INSTRUCTIONS RELEVANT TO ALL COMMUNICATIONS**

- There are **6 required elements, indicated with \*** without which the communication cannot be processed.

These are:

1) **Identity** of the disappeared person (full name of the disappeared person (with the full name in the original language, if possible) and, if applicable, any aliases or other names used by the person, and the person’s date of birth, gender, nationality and occupation or profession);

2) **Date** on which the disappearance occurred (namely, the day, month and year of deprivation of liberty, or day, month and year when the disappeared person was last seen. In the event that the date of disappearance is not known, an approximate indication should be provided);

3) **Place** of arrest or abduction, or where the disappeared person was last seen (as precise as possible, for instance indication of street, city, province or any other relevant information available);

4) **Forces** believed to be responsible for the disappearance (State agents or other parties acting on behalf of, or with the support, direct or indirect, consent, or acquiescence of, the State believed to be responsible for the deprivation of liberty of the person or to be holding the disappeared person in unacknowledged detention);

5) **Action taken** by the relatives or others to locate the person (the steps taken by the family or any other individual or organization on behalf of the family to determine the fate or whereabouts of the disappeared person, or at least an indication that efforts to resort to domestic remedies have been frustrated or otherwise been inconclusive. Reasons should be provided in the event that no action has been taken);

6) **Identity of the person or organization submitting the report** (the case should be submitted to the Working Group by a reliable source, which, if other than a family member, must indicate whether the reported victim’s family has given their direct consent that the case be submitted to the Working Group on their behalf. If no consent has been provided, the source should include a detailed explanation).

Please, make sure, before sending the communication form, that all the above mentioned required elements are included. This will allow for a smoother consideration of the case.

- If submitting a handwritten communication, please use capital letters.

- Please provide names in full of institutions (security forces, governmental bodies or others). Please, do not use abbreviated forms.

- Describe facts in a clear and concise fashion, providing as much details as possible.

- Submit one form per disappeared person.

- If you would like particular information to be kept confidential please indicate this.

**instructions relevant to communications submitted by NGOs**

- It is necessary for your organization:

a) to have the consent of the family of the disappeared, and

b) to be able to carry out follow-up, by conveying Government information to the family sent from the Working Group, and from the family to the Working Group until the fate and whereabouts of the person are determined.

- Therefore, **please answer to the following mandatory questions***:*

\* Does your organization have direct consent from the family of the disappeared to submit this communication form to the Working Group on Enforced or Involuntary Disappearances on their behalf? Yes \_\_\_\_\_ No\_\_\_\_

\* Will your organization be able to provide follow up by conveying information between the family and the Working Group: Yes \_\_\_\_\_ No\_\_\_\_

You may find more information at <https://www.ohchr.org/en/special-procedures/wg-disappearances/reporting-disappearance-working-group>.

**Address to submit A COMMUNICATION**

E-mail: [hrc-wg-eid@un.org](mailto:hrc-wg-eid@un.org)

Post: Working Group on Enforced or Involuntary Disappearances

Office of the High Commissioner for Human Rights

Palais des Nations, 8-14 Avenue de la Paix

CH-1211 Geneva 10, Switzerland



**WORKING GROUP ON ENFORCED OR INVOLUNTARY DISAPPEARANCES**

**COMMUNICATION FORM**

**1. INFORMATION CONCERNING THE disappeared person**

(a) **\* Given names(s):** ..........................................................................................................................................................

(b) **Family name(s):** …........................................................................................................................................................

(c) Pseudonyms or other forms besides given name, by which he or she may be known: .....................................................

(d) Sex: \_\_ male / \_\_ female / \_\_ others / \_\_ prefer not to say

(e) Occupation/profession and/or affiliation .........................................................................................................................

(f) father’s name: .............................................................. mother’s name ...........................................................................

(g) Date of birth: ....................................... (h) Place and country of birth: ...........................................................................

(i) Was the person under 18 years of age at the moment of the disappearance? \_\_\_\_\_ yes / \_\_\_\_\_ no

(j) Identity document (passport, national identity card, voter’s card or any other relevant national identity card)

Type ....................................................................... number ...................................................................................

date of issue: ................................................ place and country of issue: ................................................................

(k) Nationality or nationalities .............................................................................................................................................

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

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(m) Any other place of residence at the moment of the disappearance ..................................................................................

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(n) Marital status: ............................... (o) Member of an indigenous people: \_\_ yes / \_\_ no

(p) Pregnant: \_\_ yes / \_\_ no

**2. INFORMATION CONCERNING THE FACTS**

(a) **\* Date of arrest, abduction or disappearance** (at least month and year) ...................................................................

(b) **\* Place of arrest, abduction or where the disappearance occurred** (be as precise as possible, indicating street, city, province or any other relevant information) .................................................................................................................

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(c) **\* If the person was seen after the disappearance, please indicate the date** (at least month and year)

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(d) **\* If the person was seen after the disappearance, please indicate where** (for example, if seen in a prison months after the initial arrest or abduction. Please, be as precise as possible. Indicate street, city, province or any other relevant information) .........................................................................................................................................................................

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(e) **Please, provide a full description of how the disappearance took place**.Attach one page if necessary. Please note that, although this is not a required element, providing as detailed a description as possible of the circumstances of the disappearance will increase the chances of finding the person ..............................................................................................

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(f) **\* State or State-supported forces believed to be responsible for the disappearance**. If the perpetrators are believed to be State agents, please specify and indicate who and why they are believed to be responsible. Be as precise as possible (military, police, persons in uniform or civilian clothes, agents of security services, unit to which they belong, rank and functions, identifications presented, etc.) .............................................................................................................................

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(g) If you are unable to identify the perpetrators as agents of the State, please indicate why you believe that Government authorities, or persons linked to them, may be responsible for the incident ..............................................................................................................................................................................................

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(h) If there are witnesses to the incident, please provide their names and relationship to the victim. If they wish to remain anonymous, indicate if they are relatives, bystanders or others. If there is evidence, please specify.

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(i) Additional Information on the case. Please indicate any other relevant information that could be useful to find the person ..................................................................................................................................................................................

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**3. INFORMATION CONCERNING ACTIONS TAKEN AFTER THE DISAPPEARANCE**

**\* Indicate any action taken** **by relatives or others to locate the person** (police inquiries, jail visits, involvement of human rights commissions, habeas corpus petition etc.)**.** You are required to state the following: *when*, by *whom,* and before *which organ* the actions were taken, and what was the outcome, if any.

**(a) Complaints** (*when*, by *whom*, and before *which organ/s, outcome*)

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**(b) Other steps taken** (*when*, by *whom*, and before *which organ/s, outcome)*

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(c) If no action was taken, please explain why ...................................................................................................................

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**4. PERSON OR ORGANIZATION SUBMITTING THE COMMUNICATION**

**\* Person submitting the communication**

(a) Family name: ..................................................................................................................................................................

(b) Given name: ……............................................................................................................................................................

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

(d) Contact details (address, telephone, email) .....................................................................................................................

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**\* Organization submitting the communication (if applicable)**

(e) Contact details (address, telephone, email): ...................................................................................................................

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**5. confidentiality request**

Please state whether the full name(s) of the victim should not appear in public UN reports

Yes, keep confidential: \_\_\_\_ No request for confidentiality: \_\_\_\_\_

\* **Date**: ...................................................................... **Place**: ............................................................................

\* **Signature of author**: ............................................................................