Accountability Commission Zimbabwe - Report sheet

Please use additional sheets of paper if there is not enough space on this form

I. Identity of the victim(s)

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

II. Identity of person(s) carrying out detention and/or assault

A. Names of individual(s) (if known, with as many details as possible including nicknames)
B. Home, business or unit address of individual(s)
C. Identity number(s)
D. Description and registration of vehicles owned by individual(s)
E. Any other information that will help us identify and track the individual(s) involved in carrying out detention and/or assault (e.g. family or business connections)
F. Employment details or identity of forces or groups to which individual(s) belong (police, CIO, armed forces, militia, prison officials, other)

III. Circumstances surrounding detention and/or assault

A. Date and place of arrest and/or assault
B. Identity of force(s) carrying out the initial detention and/or assault (police, CIO, armed forces, militia, prison officials, other)
C. Description and registration details of any vehicles used
D. Were any person, such as a lawyer, relatives or friends, permitted to see the victim during detention? If so, how long after the arrest?
E. Describe any methods of torture or physical violence used
F. What injuries were sustained as a result of the assault?
G. What was believed to be the purpose of the assault?
H. 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?
I. Was appropriate treatment received for injuries sustained as a result of the incident?
J. Was the medical examination performed in a manner that would enable the doctor to detect evidence of injuries sustained as a result of the incident? Were any medical reports or certificates issued? If so, what did the reports reveal?
K. If the victim died, was an autopsy or forensic examination performed and what were the results?

IV. Remedial action

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

V. Information concerning the author of this report:

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

- You can return our form or write in your own words to the addresses given below or you can telephone us
- The names of everyone who gives us information will be kept confidential
- If you do not want to give us your name the information you give us may still be useful
- Please print this document and distribute it to as many people as you can

Contact details
Address:

Either
The Accountability Commission
2nd Floor, Berkeley Square House
Berkeley Square
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UNITED KINGDOM

Or:
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