Attachment 3: NHRC Human Rights Appeal by a Legal Person, Agency, or Organization

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| 1. **Date of appeal: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (yyyy/mm/dd)** | | | |
| 1. **Appellant:** | | | |
| Name of the legal person, agency, or organization [Official seal required] |  | | |
| Number of the official approval document |  | | |
| Contact person |  | Contact No. | (O) (M) |
| Business registration address [Service address] |  | | |
| Email (optional) |  | | |
| 1. Does the appellant agree to the publication of their name and appeal upon resolution of the case? □ Yes □ No 2. May the NHRC refer the case to a competent remedial agency if it determines the case to be eligible for an administrative appeal, lawsuit, claim of state compensation, or other legal claim?  □ Yes □ No | | | |
| **3. Disputed matters and the associated facts and reasoning:** [Note: Please describe the incident chronologically and in as much detail as possible. Describe the facts and circumstances under which you feel your human rights, as protected by the *International Bill of Human Rights*, have been violated. Please also describe how the incident relates to existing regulations, policies, or systems.] | | | |

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| **4. The specific articles/provisions of the Bill that were violated:** |
| **5. Supporting documents (please itemize):** |
| **6. Handling dates (to be filled in by the NHRC):**  Case received on \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (yyyy/mm/dd)  Case processed on \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (yyyy/mm/dd)  Case closed on \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (yyyy/mm/dd) |

Note: Please complete this form, check for any possible errors, and then mail it to the NHRC.