

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

<b>1. Date of appeal:</b> _____ / _____ / _____ (yyyy/mm/dd)			
<b>2. Appellant:</b>			
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)			
<p>1) Does the appellant agree to the publication of their <b>name</b> and appeal upon resolution of the case?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<b>3. Disputed matters and the associated facts and reasoning:</b> [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 <i>International Bill of Human Rights</i> , have been violated. Please also describe how the incident relates to existing regulations, policies, or systems.]			

**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.