Attachment 2: Individual NHRC Human Rights Appeal (to be filed by a representative agency or organization)

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| 1. **Date of appeal: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (yyyy/mm/dd)**
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| 1. **Appellant:**
 |
| Name |  | Date of birth |  | **Signatureand seal** | (Please attach a seal or fingerprint) |
| National ID No. |  | Contact No. | (H) (M) |
| Household registration address |  |
| Place of residence |  |
| Service address | □ Same as the household registration address □ Same as the place of residence |
| Email (optional) |  |
| 1. **Legal guardian (required if the appellant is a minor)**
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| Is the legal guardian aware and in approval of the appeal? □ Y □ N (Please sign in the “signature and seal” field to indicate your approval.) |
| Name |  | National ID No. |  | **Signatureand seal** |  (Please attach a seal or fingerprint) |
| Contact number and address |  |
| 1. **Representative (leave blank if not applicable)**
 |
| 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. Are the appellant and their legal guardian (if applicable) aware and in approval of your power of attorney in filing this appeal on their behalf?

□ Yes. Please have the appellant and legal guardian, if applicable, affix a signature in the appropriate “signature and seal” field to indicate approval.□ No. Please explain why you are filing this appeal without their approval:1. Does the appellant require confidentiality while the case is being processed? □ Yes □ No
2. Does the appellant agree to the publication of their name and appeal upon resolution of the case?□ Yes □ No
3. Please attach a letter of attorney to this form in writing.
4. 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
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| **5. 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.] |
| **6. The specific articles/provisions of the Bill that were violated:** |
| **7. Supporting documents (please itemize):** |
| **8. 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.