

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

1. Date of appeal: _____ / _____ / _____ (yyyy/mm/dd)					
2. Appellant:					
Name		Date of birth		Signature and seal	<small>(Please attach a seal or fingerprint)</small>
National ID No.		Contact No.	(H)		(M)
Household registration address					
Place of residence					
Service address	<input type="checkbox"/> Same as the household registration address <input type="checkbox"/> Same as the place of residence				
Email (optional)					
3. Legal guardian (required if the appellant is a minor)					
Is the legal guardian aware and in approval of the appeal? <input type="checkbox"/> Y <input type="checkbox"/> N (Please sign in the “signature and seal” field to indicate your approval.)					
Name		National ID No.		Signature and seal	<small>(Please attach a seal or fingerprint)</small>
Contact number and address					
4. 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? <input type="checkbox"/> Yes. Please have the appellant and legal guardian, if applicable, affix a signature in the appropriate “signature and seal” field to indicate approval. <input type="checkbox"/> No. Please explain why you are filing this appeal without their approval: 2) Does the appellant require confidentiality while the case is being processed? <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Does the appellant agree to the publication of their name and appeal upon resolution of the case? <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Please attach a letter of attorney to this form in writing. 5) 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					

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.