**Independent International Fact-Finding Mission on the Bolivarian Republic of Venezuela**

**Template for submitting information**

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| **Name of submitting entity/individual** |  |
| **Contact of submitting entity** | Email(s): Telephone/WhatsApp/Signal: Web Address: Agree to be contacted by the FFM: Yes No  |
| **Relationship of submitting entity/individual to the alleged victim/s** |  |
| **Violation/s alleged to have occurred** | Extrajudicial executions Enforced disappearances Arbitrary detention Torture and cruel, inhumane or degrading treatment Sexual or gender-based violence (against women or men) Other gross violations  |
| **Date of incident/time period** | DD/MM/YYYY |
| **Place of incident** | State:Municipality: |
| **Name/s of alleged victim/s, gender, age****Membership of an indigenous people or ethnic group** |  |
| **Identification of those allegedly responsible** | Name of alleged perpetrator:Entity with which perpetrator is affiliated: |
| **Summary of the incident(s) / allegations (150 -word limit)** | Summarise the content of the main allegations |
| **Description of the incident(s)/allegations (2000-word limit)** | Detailed description of:* the incident(s) or alleged violation, including specific locations (e.g. street, building)
* the context in which they took place and
* alleged perpetrators.

Please also include information on the impact of these violations, as well as gender-sensitive considerations (e.g. how these violations affected women and men, girls and boys differently).  |
| **Description of the State’s response (500-word limit)** | Detailed description of possible investigations, justice processes, decisions and sentences, including reparations. |
| **Consent of victims** | **Please indicate whether the FFM may include the following information in the public report submitted to the UN Human Rights Council:**The information provided: Yes NoThe names of the source of the information: Yes No The names of the alleged victims (consent must be provided by the victim, or indicate if consent is provided on their behalf by relatives or legal representatives): Yes No ; consent provided by: \_\_\_\_\_\_\_**Please indicate whether the FFM may share the information with other international entities (UN human rights mechanisms, regional human rights mechanisms, international and regional courts, accountability mechanisms and other courts):**The information provided: Yes NoThe names and contacts of the source of the information: Yes No The names of the alleged victims (consent must be provided by the victim, or indicate if consent is provided on their behalf by relatives or legal representatives): Yes No ; consent provided by: \_\_\_\_\_\_\_ |
| **List and description of attachments** | Please names and number of attachments. Please include list of all these attachments included in this submission, including a short description of their content. |