**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 No  The 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 No  The 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. |