**African Commission on Human and Peoples’ Rights Complaint Form**

**(Non-State Communication Procedure Pursuant to Article 55 of the African Charter)**



 Date: Click here to enter a date.

**INSTRUCTIONS**

Fill out the form below as clearly and concisely as possible, including all information available in relation to the facts alleged, in one of the working languages of the African Commission on Human and Peoples’ Rights (the Commission): French, English, Arabic, and Portuguese. If the matter is seized, you will have an opportunity to set out legal arguments on Admissibility and Merits.

Supporting documentation and other attachments should, to the extent possible, be in the same language as the Communication. Should the need to rely on documents in another language arise, the Complainant is requested to attach a translation in the working languages of the Commission, accompanied by a certificate that it has been translated by a sworn translator.

Do not use language that is insulting to the State, its institutions or the African Union and its institutions.

1. **INFORMATION ON THE COMPLAINANT(S)**

Please provide contact details of person(s)/organization(s) submitting the complaint.

It is important to notify the Commission immediately and in writing if the alleged victim(s) wishes tochange representation.

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Nationality | Click here to enter text. |
| Organisation(if applicable)  | Click here to enter text. |
| Legal representative(s) (if applicable) | Click here to enter text. |
| Relationship to victim(s) (if not the victim) | Click here to enter text. |
| Address  | Click here to enter text. |
| Fax | Click here to enter text. |
| Email(s) | Click here to enter text. |
| Phone Number(s) | Click here to enter text. |

Submitting the Complaint:

On your own behalf [ ]  or on behalf of the victim(s) [ ]

If the Complaint is being submitted on behalf of the victim(s), please provide the following details:[[1]](#footnote-1)

|  |  |  |
| --- | --- | --- |
| Individual victim | Surname | Click here to enter text. |
|  | Other names | Click here to enter text. |
|  | Date of birth | Click here to enter text. |
|  | Sex | Click here to enter text. |
|  | Number of additional victims | Click here to enter text. |
| Group victim | Name of group | Click here to enter text. |

If more than one (1) victim, please indicate additional victims and any other relevant information with regard to the victim(s) (e.g. next of kin if victim is deceased).

|  |  |  |
| --- | --- | --- |
| Multiple victims | Names | Additional Information |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. |

If you are acting with the knowledge and consent of the victim(s), please provide proof of victim’s consent

Click here to enter text.

If you are not authorized, please explain why proof or representation cannot be obtained, and why you consider it appropriate to bring this complaint on his/her/their behalf.

 Click here to enter text.

Do the victim(s) request anonymity? Yes [ ]  No [ ]

Please note that while the identity of the victim(s) may be withheld in public documents, it must be fully disclosed to the Respondent State(s)

1. **FACTS OF THE COMPLAINT**

Name of State responsible for the alleged violation(s).

*Please note that the Complaint must only be submitted against States who have ratified the African Charter on Human and Peoples’ Rights. In this regard, a status list is available at* [*https://au.int/en/treaties/african-charter-human-and-peoples-rights*](https://au.int/en/treaties/african-charter-human-and-peoples-rights)*.*

Click here to enter text.

Detail, in chronological order an account of the act or situation complained of, specifying the place, date, nature of the incident and any person(s) involved or witnesses to the alleged violations. Please attach copies of any documentary evidence in your possession.

Click here to enter text.

Articles of the African Charter alleged to have been violated.

Click here to enter text.

Identify the person(s) or authorities who you consider responsible for the facts alleged.

Click here to enter text.

Indicate any public authority that has taken cognisance of the facts or situation alleged

Click here to enter text.

1. **PRAYERS**

If the Commission finds that a State has violated the African Charter, it provides remedies i.e. recommendations to the State on ways to redress the situation. This can for example include compensation, revision of legislation, training of law enforcement agents, and other measures.

Please indicate your prayers and what remedies you think the Commission should provide if it finds the State has violated the African Charter.

Click here to enter text.

1. **SCHEDULE OF ANNEXES**

In the box below, please list the documents in chronological order with a concise description.

*Please attach legible copies of all documents listed below. No document will be returned to you, it is thus in your interest to submit copies, not originals.*

|  |  |
| --- | --- |
| **Title of Document**  | **Description of Document** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. **SOLEMN DECLARATION**

I Click here to enter text. (Complainant) solemnly declare that the information contained in the foregoing Complaint form are true in substance and in facts. I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

|  |  |
| --- | --- |
| **Date of Submission** | Click here to enter a date. |
| **Signature of person submitting this Communication Complaint**  |  |

Please submit the completed form to:

The Secretariat of the African Commission on Human and Peoples' Rights

31 Bijilo Annex Layout, Kombo North District

PO Box 673 Banjul, The Gambia

Email: au-banjul@africa-union.org

Tel: (220) 441 05 05, 441 05 06

***Note****: The form shall be downloaded, filled, signed and sent via e-mail or courier with the appendixes.*

*The completed form shall not exceed 35 pages (font size 12, single-line spacing) excluding appendixes. The form shall be downloaded, filled, signed/stamped and sent via e-mail or courier with the appendixes.*

1. The tables simply indicate where your responses are required. You should create as much space as required by the number of complainants/victims. [↑](#footnote-ref-1)