

APPENDIX 6

CONFIDENTIAL VIOLENCE AGAINST WOMEN INFORMATION FORM

INFORMER:

Name of person/organization:

Address:

Fax/Tel/e-mail:

VICTIM(S):

Name:

Address:

Date of Birth:

Nationality:

Sex: female

Occupation:

Ethnic background (if relevant):

Marital Status:

THE INCIDENT

Date:

Time:

Location/country:

Number of assailants:

Are the assailant(s) known to the victim?

Description of the assailant(s) (include any identifiable features):
CONFIDENTIAL

Description of the incident:

Does the victim believe she was specifically targeted because of gender?

If yes, why?

Has the incident been reported to the relevant State authorities?

If so, which authorities and when?

Actions taken by the authorities after the incident:

WITNESSES: _____

Were there any witnesses?

Name/age/relationship/contact address:

PLEASE RETURN TO THE SPECIAL RAPPOREUR ON VIOLENCE AGAINST WOMEN, CENTRE FOR HUMAN RIGHTS, UNITED NATIONS, 1211 GENEVA 10, SWITZERLAND. FAX (41-22) 9170212