



COMMISSION FOR THE CONTROL OF INTERPOL'S FILES

REPRISAL REPORTING FORM

Please complete all relevant fields and submit the required documents so that your request can be considered and properly examined.

A. CCF FILE REFERENCE _____

B. DESCRIPTION OF THE ALLEGED ACT(S) OF REPRISAL

Act of reprisal experienced:

- Verbal threats
- Surveillance or intimidation
- Police or administrative harassment
- Defamation / smear campaign
- Arrest or arbitrary detention
- Physical violence
- Harm or threats against family members
- Other (specify): _____

When it happened: _____

Where it happened: _____

Alleged perpetrator(s):

- Government officials
- Private individuals believed to be acting at the direction of State authorities
- Other (specify): _____

Detailed description of the events:

Please describe, in clear and specific terms, the alleged act(s) of reprisal, including how it occurred, and the direct link between the action and the Applicant's request before the Commission. This section should be completed in one of the Commission's working languages: Arabic, English, French, Spanish.



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Should you wish to give further explanations, please do so in a separate document not exceeding 2 pages.

Are you submitting any documents or supporting evidence to substantiate your report?

- Yes
 No

If yes, please list the relevant documents below (e.g., emails, photos, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

C. COMPLAINT BEFORE AN INTERNATIONAL, REGIONAL OR NATIONAL MECHANISM

Have you made a complaint before an international, regional or national mechanism? If yes, which mechanism(s) did you engage with? (check all that apply)

- UN Human Rights Committee
 Other UN Treaty Body (specify): _____
 UN Universal Periodic Review
 European Court of Human Rights
 Inter-American Human Rights System
 African Commission on Human and Peoples' Rights
 Council of Europe
 National mechanism, including national human rights institutions (NHRI) (specify): _____
 Other (specify): _____



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Nature of your complaint:

- Individual communication / complaint
- Testimony
- Interview, meeting or hearing
- Submission of documents/information
- Other (specify): _____

Date(s) of the submission of your complaint: _____

Case reference / communication number before the mechanism (if applicable): _____

DATE _____

FAMILY NAME AND FORENAME _____

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

SIGNATURE _____ 

The duly completed form should be sent to the Commission

by e-mail: CCF@interpol.int