

Human Rights Abuse Report Form

Please complete the following form. Incomplete forms will not be processed.

* First Name:

* Last Name:

Age Range:

* Address:

* Email:

* Phone:

Other contact information:

* How should we contact you: Phone Email Mail

Date Range: From: To:

OR

Exact Date:

* Location: (city or village)

* Country:

* Offense type:

* Description of incident: (700 word limit)

* Offense type: beating death

* Description of incident: (700 word limit)

* Perpetrator 1:

Last Name:

First Name:

Approximate birth date:

Place of birth:

Employer:

Address:

Perpetrator 2:

Last Name:

First Name:

Approximate birth date:

Place of birth:

Employer:

Address:

Perpetrator 3:

Last Name:

First Name:

Approximate birth date:

Place of birth:

Employer:

Address:

* Are you reporting this on behalf of someone else Yes No

If yes: Please provide contact information for the person for whom you are reporting the incident.

[click here to submit the report](#)

Privacy Act Notice: The above information is sought pursuant to Titles 5 and 22 United States Code, including specifically 5 U.S.C. 301 and 22 U.S.C. 2304, 2651 a, 2656, and 4802(a). Providing the information is voluntary. However, incomplete information may limit the utility of the submission. The principal purpose for collecting the information is to prepare and maintain a database of human rights abusers in Cuba. The Department may use this information in connection with its responsibilities for the protection and promotion of human rights and for the conduct of foreign affairs, as well as for other appropriate purposes as a routine part of the Department's activities. Identifying data may be used to contact the submitter in order to clarify or further develop the information initially provided.