STOP THE VIOLENCE FORM

STOP THE VIOLENCE! Be empowered to STOP violence! Record ALL violence! Report ALL violence immediately! Be COURAGEOUS and fill in this form immediately to bring accountability.

Victim: Name.....Date of birth..... Male or female.....
Address.....
District.....Province..... Cell number .....

What date did violence occur?.....What time?..... Where?.....
Was violence reported to police? [yes or no] ..... If no, why not? .....
.....
If yes at which police station?..... Date and time of report. .....
Name of policeman .... Police report number? [RRB].....
Were there injuries? [yes or no]..... Describe injuries? .....
.....
.....
Did you get medical treatment? [yes or no]. ..... Where?.....
When?..... Name of doctor or nurse if known .....
[Attach *a copy* of the medical report, if you have one].

If known, give names of people committing the violence and where they are from:
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Who was the leader? ..... Did they have weapons? [yes or no]..... What weapons? ..... Were there witnesses? [yes or no].....Please give names and addresses of witnesses:

Witness 1 .....
Witness 2 .....

Did the violence occur in a meeting? [yes or no]..... How many people were there approximately? .....
Why do you think they committed violence against you?

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.....Describe what happened including violence against other people [give their names and addresses too]:
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Confidentiality: All completed forms will be treated with complete confidentiality. Post them to the Zimbabwe Justice Project attorneys: c/o Matthew Walton & Associates Inc, Box 31280, Tokai, Cape Town, 7945, South Africa.
Fax: +27 21 702 1975. E-mail: Zimbabwe.justiceproject@gmail.com to request and submit forms.
