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Annex III – Form for communications concerning human rights to be submitted to UNESCO

Number of communication:					
Dat	e of dispatch of this form:				
Го	be filled in by the author of the communi	ication:			
[.	INFORMATION CONCERNING THE	AUTHOR			
	Name	First name(s)			
	Nationality	Profession			
	1				
	Address to be used for correspondence (if other than the present address)				
	 person, group of persons or organi described below 	- · · · · · · · · · · · · · · · · · · ·			

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Name	ulars for each victim, adding as many pages as necessary. First name(s)		
Date and place of birth	Profession		
	abouts		
INFORMATION CONCERNING THE ALLEGED FACTS			
Name of the country considered by the author to be responsible for the alleged violation			
Human rights allegedly violated (refer, if possible, to the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights)			
International Covenant or			
International Covenant of and Political Rights)			

^{1.} N.B. This information is essential in cases where the communication concerns one or more individual and specific cases of violation of human rights.

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/.]	7. INFORMATION CONCERNING MEANS OF REDRESS USED	CONFIDENTIAL		
	What steps have been taken to exhaust domestic remedies (recourse to the courts or other public authorities), by whom, when and with what results?			
	Has the same matter been submitted to another international authohuman rights? If so, when and with what results?	rity concerned with protection of		
. 1	PURPOSE AND AIM OF THIS COMMUNICATION			
I.]	DECLARATION BY THE AUTHOR			
1	Does the author agree to his communication being examined in accordance with the procedure approved by the Executive Board of UNESCO in 104 EX/Decision 3.3 and, in particular, is he willing for his name to be divulged and for the communication to be transmitted to the government concerned and brought to the notice of the UNESCO Executive Board Committee on Conventions and Recommendations.			
	☐ Yes ☐ No Date: Name, first name: Signature of author:			