



STATEMENT FORM

This **STATEMENT FORM** is meant to gather as much information as possible about the nature, causes and extent of violations and abuses of human rights committed in The Gambia between July 1994 and January 2017. If you have experienced or have knowledge of human rights violations and abuses committed within this period, the TRRC would like to hear from you. Persons who have already submitted their complaints and have not testified publicly or privately before the Commission need not resubmit. This is to ensure that all genuine complainants are included in the TRRC process and that those persons granted victim status can be considered for the payment of reparations.

Security

Do you have any security concerns about sharing your experience with the TRRC?

Yes

No

If yes, please describe: _____

Confidentiality

All of the statements we take will be gathered in a confidential manner and entered into a password-protected database. Every effort will be made to safeguard the confidentiality of the information contained in each statement.

I choose to provide my name and contact information to the TRRC for the purposes of fulfilling its mandate, including investigation and analysis. In the event that I give my statement anonymously, the TRRC may give my statement less weight.

I do not want my name, or details that could be used to identify me, to be published in the TRRIDOHSRW

If invited, would you be willing to appear before the Commission at a Public Hearing to share your experiences?

Yes

No

Declaration

I..... of, declare that I voluntarily give this statement to the TRRC.

1. BIOGRAPHICAL DATA	
Name:	<hr/>
Any Other Name (nickname):	<hr/>
Address (Community, District, Region):	<hr/>
Contact Details:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married 2 <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of Birth (or Age):	
If the witness is younger than 18, is a parent or guardian present?	Parent: Guardian:
Ethnicity:	Aku Bambara Fula Jola Mandinka Manjago Serahuli Serer Wolof
Religion:	Muslim Christian



What is/are the sources of livelihood for you and your family?	Formal Employment Current Occupation/Employer: Business Farming Remittances Community Support / Handouts Government or institutional support Project support
Disability (if any):	
Identification: (e.g. National ID, Passport, Driving Licence Number)	
I am making this statement on behalf of:	Name: <input type="text"/> Relationship: <input type="text"/>
Is anyone else present at the time you are making this statement?	Name: Relationship: Contact Details:

2. YOUR ACCOUNT

When you are describing specific events, the TRRC would like to know:

- **What are the details of what happened?**
- **Who were the victims? Who were the perpetrators?**
- **Where did the events take place?**
- **When did the events take place?**
- **Why were these violations committed? Why were you, or others, targeted?**

ACCOUNT OF INCIDENT(S)



Are there any other witnesses we should speak to?
(If yes, please add name and contact details if appropriate)

1)

2)

3)

Please provide any items or documents to support your statement.

3. OTHER INFORMATION

Did you sustain any injuries as a result of the violation(s) or abuse you suffered?

Yes

No

If yes, please describe.

Do you or your family have any physical or mental health needs, educational needs, or other needs at present?
Please describe.



What do you believe are the best ways to achieve reconciliation in The Gambia?

4. FAMILY DETAILS

Do you have any children?

- Yes
- No

How many people are in your immediate family? _____

Please fill in the table below for your household, indicating the number of people in each category:

Number of Children (Age)	Level of Education					
	Pre-School	Primary	Secondary	Tertiary	Unfinished	Arabic
(0-5yrs) Male: Female:						
(6-17yrs) Male: Female:						
(18-35yrs) Male: Female:						



Have your children been affected by the violation or abuse you suffered?

Yes

No

If yes, please describe: _____

Have your children suffered any violations or abuse themselves?

Yes

No

If yes, please describe: _____

Do you authorize the _____ nit to contact your family members including your children?

1. Yes

2. No

I hereby confirm that I have reviewed the above information, or have had it read back to me, and that it is truthful and accurate to the best of my recollection.

Signature:

Date:

Thank you for submitting your experience with the TRRC.