



ABUSE CASE INVESTIGATION FORM

Hello,

Thank you for contacting the Citizens Commission on Human Rights. Your response is very much appreciated. Without the courage and help of people like you, we would never have been able to make the headway we have in the fight against human rights violations so prevalent in the psychiatric system. The first step to correcting injustices and human rights abuses is to report them because something can be done about any situation. Your rights can be upheld, as our organization has shown over and over again. All information will be kept in strict confidence unless your permission is given to release it.

To help us assist you, please fill out this questionnaire as fully as possible. If there are further details that you want to make known, please use extra paper and attach it to this form.

After this form has been reviewed, a representative from our office will be contacting you either by phone or letter to acknowledge receipt of this information and inform you of the next steps to be taken on your case.

Please note that CCHR does not give medical or legal advice.

NAME: _____

ADDRESS: _____

PHONE: _____

ID (such as a driver's license): _____ BIRTH DATE: ____/____/____
Mo. Day Year

Please answer all questions as fully as possible.

1. Are you the abused person? Yes _____ No _____
If no, what is your relationship to abused person?

2. What abuse would you like to report?

3. What are the names of the psychiatrists, psychologists and/or psychiatric facility involved?

4. Was the abused person administered drugs, electroshock or any other "therapy"?
How often or how much?

5. Was the abused person put into restraints, seclusion or threatened with physical harm? If so, what happened?

6. Has the victim been discharged? If so, what was the reason given?

7. Have you or the victim contacted an attorney? If yes, whom?

8. Have you or the victim filed any complaints on these abuses? If yes, with what agencies or organizations?