

Urgent Action Appeal Form

Please complete this form and return to: urgentaction@wymdonline.org.

Full name:

Sex:

Age at the time of arrest:

Nationality/Nationalities:

Profession and/or activity (as relevant to the arrest/detention):

Date of arrest:

Place of arrest (as detailed as possible):

Forces who carried out the arrest or are believed to have carried it out:

Did they show a warrant or other decision by a public authority:

Did they use force or violence:

Authority who issued the warrant or decision:

Relevant legislation applied (if known):

Any other details: