

Author of this entry

Organization/affiliation

Location

Contact e-mail

**Title of situation/violation**

**Violation date**  
 From  /  /   
 To  /  /  ?

**Region**  ?

**Country**  ?

**Location of violation (e.g., city)**  ?

**Forced Eviction**  ?  
 • Costs  ?

**Demolition/damage/destruction**  ?  
 • Land losses   
   - Land area (square meters)  ?  
   - Total value  ?  
 • Housing losses   
   - Number of homes  ?  
   - Total value  ?  
 • Infrastructure losses  € ?

**Dispossession/confiscation**  ?  
 • Land losses   
   - Land area (square meters)  ?  
   - Total value  ?  
 • Housing losses   
   - Number of homes  ?  
   - Total value  ?  
 • Infrastructure losses  € ?  
 • Water  € ?










**Privatization of public goods and services**  ?  
 • Land losses  € ?  
 • Housing losses  € ?  
 • Water  € ?  
 • Sanitation  € ?  
 • Energy  € ?  
 • Other  € ?

**What is affected:**  
 Mark any of the following that have been affected as a result of the situation/violation described above.



- Housing: social/public  ?
- Housing: Private  ?
- Housing: Communal  ?
- Land: Social/public  ?
- Land: Private  ?
- Land: Communal  ?
- Infrastructure: Water  ?
- Infrastructure: Energy  ?
- Infrastructure: Other  ?

Affected persons: Total  to  ?

Affected persons: Men  ?

Affected persons: Women	<input type="text" value="0"/>		
Affected persons: Children	<input type="text" value="0"/>		
Affected persons: Disabled	<input type="checkbox"/>	<input type="text"/>	
Affected persons: Elderly	<input type="checkbox"/>	<input type="text"/>	
Affected persons: Indigenous	<input type="checkbox"/>	<input type="text"/>	
Affected persons: Migrants	<input type="checkbox"/>	<input type="text"/>	
Affected persons: Refugees	<input type="checkbox"/>	<input type="text"/>	
Affected persons: IDPs	<input type="checkbox"/>	<input type="text"/>	
Affected persons: Others	<input type="text"/>		

**Duty holder:**

- State  
- Local authority  
- Interntl. org.  
- TNC  
- Private party  
- Others

**Brief narrative:**

**Propose your solution:**