

## Case Tracking Form- Environment Justice Program 2017

ELC Name/Code: \_\_\_\_\_ / \_\_\_\_\_ District/Taluka: \_\_\_\_\_ / \_\_\_\_\_ Case No. &amp; Title \_\_\_\_\_ / \_\_\_\_\_

Complaint Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Closure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Verification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (after 3 months of date of end of violation)

Information about Community Partners (CP)	<b>Name of the Community Partner (CP) Group</b> (if any- eg. Durga Self Help Group, Jampani Panchayat, Sagar Fishermen Association): _____ _____ (Attach a list of name, address & phone no. of all CPs)		<b>CP Type</b>		<b># Male</b>	<b># Female</b>
			<input type="checkbox"/> Community			
			<input type="checkbox"/> Women's group			
			<input type="checkbox"/> Panchayat			
	<input type="checkbox"/> Any Other _____					
	Mention # CP who are repeat CPs in the adjacent column		Repeat from earlier cases:			
		Repeat from ongoing cases:				
<b>Livelihood/Occupation</b> (give numbers in the space provided):						
<input type="checkbox"/> Agriculture _____ <input type="checkbox"/> Fisheries _____ <input type="checkbox"/> Salt _____ <input type="checkbox"/> NMFP collector _____		<input type="checkbox"/> Fish Trader _____ <input type="checkbox"/> Government Employee _____ <input type="checkbox"/> Professional _____ <input type="checkbox"/> NTFP collector _____		<input type="checkbox"/> Self Employed _____ <input type="checkbox"/> Student _____ <input type="checkbox"/> Unemployed _____ <input type="checkbox"/> Any other: _____		
<b>How did the CP know about the ELC?</b> Training/Referral/Any other _____ <b>Why did the CP approach the ELC?</b> Lack of time/Lack of resources/Seeks support in visiting institutions/Don't know how else to pursue the case/Any other _____						
CPs Description of the Problem	<b>What is the problem?</b> (tick all that apply)					
	<b>BLOCKING OF ACCESS</b> <input type="checkbox"/> To public beaches <input type="checkbox"/> For parking of boats, drying fish <input type="checkbox"/> To approach road <input type="checkbox"/> To water source <input type="checkbox"/> To forest (for traditional rights) <input type="checkbox"/> To grazing land <input type="checkbox"/> Any other ____	<b>EVICITION THREATS</b> <input type="checkbox"/> People have been served notices to move out <input type="checkbox"/> Their land has been demarcated for a project <input type="checkbox"/> Any other _____	<b>LIVELIHOODS &amp; HEALTH</b> <input type="checkbox"/> Fisheries/agriculture/grazing/NT FP collection/other livelihoods affected in specific way <input type="checkbox"/> Posing specific risk to life/health <input type="checkbox"/> Decline in Ground water quality/quantity <input type="checkbox"/> Any other _____	<b>ANY OTHER</b>		

	<b>What is causing the problem? (tick all that apply)</b>		
	<input type="checkbox"/> Effluent Discharge <input type="checkbox"/> Emission into the air <input type="checkbox"/> Encroachment <input type="checkbox"/> Deforestation <input type="checkbox"/> Dumping of Harmful substances	<input type="checkbox"/> Water/salinity Ingress <input type="checkbox"/> Filling/obstruction of water body e.g. River, Creek, Pond <input type="checkbox"/> New Construction <input type="checkbox"/> Mishandling of minerals/harmful chemicals	<input type="checkbox"/> Project Expansion <input type="checkbox"/> Drawl of water for industrial use <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Any other _____
	<b>Time period for which the problem has been existing (in months)</b> _____		
	<b>What has been done so far to address the problem? (tick all that apply)</b>		<b>Which Institutions have been engaged? (tick all that Apply and please specify the institution)</b>
	<input type="checkbox"/> Approached the Panchayat <input type="checkbox"/> Filed a complaint with collector/SDM/RD <input type="checkbox"/> Filed a complaint with a local government department <input type="checkbox"/> Approached a lawyer and/or gone to court <input type="checkbox"/> Approached a politician <input type="checkbox"/> Media reporting <input type="checkbox"/> Sought NGO help <input type="checkbox"/> Approached opposing party (Co., neighbour, Govt.) <input type="checkbox"/> Paid a bribe: Amount _____; Paid to _____; For _____	<input type="checkbox"/> Central Level (e.g. MoEF, CPCB): _____ <input type="checkbox"/> Regional Level (e.g. Rgnl SPCB, Rgnl. MoEF): _____ <input type="checkbox"/> State Level (eg. SEIAA, SCZMA) Pl. Specify _____ <input type="checkbox"/> Distt./Div./Block Level (eg. DLCC, DC, DFO): _____ <input type="checkbox"/> Village Panchayat <input type="checkbox"/> Lokayukta <input type="checkbox"/> Legal aid cell <input type="checkbox"/> Court Pl. Specify _____ <input type="checkbox"/> Any Other _____	

ELC's findings about the Problem (to be filled after field visits and client	Which Law is being Violated? (tick all that apply, as far as possible, mention the clause against the law)	Who is violating?	Kind (Govt. Pvt. Co., etc.)
	<input type="checkbox"/> Air Act, 1981:		
	<input type="checkbox"/> CRZ Notification, 2011/1991:		
	<input type="checkbox"/> EIA Notification, 2006:		
	<input type="checkbox"/> Fly Ash Notification 2016		
	<input type="checkbox"/> EPA 1986		
	<input type="checkbox"/> FCA, 1980:		
	<input type="checkbox"/> FRA, 2006:		
	<input type="checkbox"/> Hazardous Wastes Rules, 2008:		
	<input type="checkbox"/> Indian Penal Code		

<input type="checkbox"/> Land Reforms Act		
<input type="checkbox"/> MMDRA Act, 2015:		
<input type="checkbox"/> Municipal Solid Wastes Rules, 2000:		
<input type="checkbox"/> Panchayat Acts		
<input type="checkbox"/> Pipelines Act		
<input type="checkbox"/> Revenue Act		
<input type="checkbox"/> RFCTLARR Act, 2013:		
<input type="checkbox"/> Water Act, 1974:		
<input type="checkbox"/> WLPA, 2002:		
<input type="checkbox"/> Rules/ Guidelines/circular <i>specify</i> _____:		
<input type="checkbox"/> Court Order <i>specify</i> _____:		
<input type="checkbox"/> Any other: _____:		
<b>Rough estimate of People affected by the problem:</b>	<b># Men</b> _____	<b># Women</b> _____
<b>Problem statement</b> _____ _____ _____		
<b>Time expected in (in months): achieving any of the milestones</b> _____ <b>end of violation</b> _____		
<b>Gathering information from agencies (tick all that apply)</b>		
<b><u>Institution 1</u> Pl. specify</b> _____ <b>Kind of response (tick anyone)</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Acknowledgement <input type="checkbox"/> Referral: To _____ <input type="checkbox"/> No Response Date of contact ____/____/____ Date of Response ____/____/____ <b>Type (mention # times)</b> <input type="checkbox"/> Letter: To _____/CC _____ <input type="checkbox"/> RTI: _____ <input type="checkbox"/> Phone Call: _____ <input type="checkbox"/> Visit: _____	<b><u>Institution 2</u> Pl. specify</b> _____ <b>Kind of response (tick anyone)</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Acknowledgement <input type="checkbox"/> Referral: To _____ <input type="checkbox"/> No Response Date of contact ____/____/____ Date of Response ____/____/____ <b>Type (mention # times)</b> <input type="checkbox"/> Letter: To _____/CC _____ <input type="checkbox"/> RTI: _____ <input type="checkbox"/> Phone Call: _____ <input type="checkbox"/> Visit: _____	<b><u>Institution 3</u> Pl. specify</b> _____ <b>Kind of response (tick anyone)</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Acknowledgement <input type="checkbox"/> Referral: To _____ <input type="checkbox"/> No Response Date of contact ____/____/____ Date of Response ____/____/____ <b>Type (mention # times)</b> <input type="checkbox"/> Letter: To _____/CC _____ <input type="checkbox"/> RTI: _____ <input type="checkbox"/> Phone Call: _____ <input type="checkbox"/> Visit: _____

	<input type="checkbox"/> Email/Mobile text: _____ <i>(tick the type that elicited response)</i>		<input type="checkbox"/> Email/Mobile text: _____ <i>(tick the type that elicited response)</i>		<input type="checkbox"/> Email/Mobile text: _____ <i>(tick the type that elicited response)</i>		
	<b>Evidence building</b> <i>(tick all that apply)</i>		<b>Identification of the authorities responsible</b> <i>(tick all that apply)</i>				
	<input type="checkbox"/> Photograph <input type="checkbox"/> Video <input type="checkbox"/> Creating maps <input type="checkbox"/> Collecting replies to RTIs, letters <input type="checkbox"/> Gathering news reports <input type="checkbox"/> Any other _____  <i>Upload the evidence on compliance crowdsourcing website: <a href="http://www.env-compliance.in">www.env-compliance.in</a></i>		<b>Centre</b> <input type="checkbox"/> MoEF(CC) <input type="checkbox"/> CPCB <input type="checkbox"/> Agriculture <input type="checkbox"/> Rural Devpt <input type="checkbox"/> DoLR <input type="checkbox"/> Mines <input type="checkbox"/> Water Resources <b>Region</b> <input type="checkbox"/> Rgnl MoEF <input type="checkbox"/> RD (Envt.) <input type="checkbox"/> Rgnl SPCB		<b>State</b> <input type="checkbox"/> SCZMA <input type="checkbox"/> SEIAA <input type="checkbox"/> Emt. &/or Forests <input type="checkbox"/> Fisheries <input type="checkbox"/> Agriculture <input type="checkbox"/> Rural Devpt. <input type="checkbox"/> SPCB <input type="checkbox"/> Water Resources & irrigation <input type="checkbox"/> Mining		<b>Division/Distt/Blo ck</b> <input type="checkbox"/> DFO <input type="checkbox"/> DC <input type="checkbox"/> DLCC <input type="checkbox"/> DEIAA <input type="checkbox"/> Mamlatdar/Revenue officer  Any other _____ <input type="checkbox"/> Scientific/academic institute <input type="checkbox"/> Special authority <i>(Mention name and the level: Centre/State, etc.)</i>

<b>Action taken by the ELC and CP</b>	<b>Approaching relevant institution for remedy</b> <i>(fill information for institutions that are approached)</i>		
	<b>Institution 1</b> <i>Pl. specify</i> _____ <b>Kind of response</b> <i>(tick anyone)</i> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Acknowledgement <input type="checkbox"/> Referral: To _____ <input type="checkbox"/> No Response <input type="checkbox"/> Sought unofficial support Date of contact ___/___/___ Date of Response ___/___/___ <b>Type</b> <i>(mention # times)</i> <input type="checkbox"/> Letter: To _____/CC _____	<b>Institution 2</b> <i>Pl. specify</i> _____ <b>Kind of response</b> <i>(tick anyone)</i> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Acknowledgement <input type="checkbox"/> Referral: To _____ <input type="checkbox"/> No Response <input type="checkbox"/> Sought unofficial support Date of contact ___/___/___ Date of Response ___/___/___ <b>Type</b> <i>(mention # times)</i> <input type="checkbox"/> Letter: To _____/CC _____	<b>Institution 3</b> <i>Pl. specify</i> _____ <b>Kind of response</b> <i>(tick anyone)</i> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Acknowledgement <input type="checkbox"/> Referral: To _____ <input type="checkbox"/> No Response <input type="checkbox"/> Sought unofficial support Date of contact ___/___/___ Date of Response ___/___/___ <b>Type</b> <i>(mention # times)</i> <input type="checkbox"/> Letter: To _____/CC _____

<input type="checkbox"/> RTI: _____ <input type="checkbox"/> Phone Call: _____ <input type="checkbox"/> Visit: _____ <input type="checkbox"/> Email/Mobile text: _____ <i>(tick the type that elicited response)</i>	<input type="checkbox"/> RTI: _____ <input type="checkbox"/> Phone Call: _____ <input type="checkbox"/> Visit: _____ <input type="checkbox"/> Email/Mobile text: _____ <i>(tick the type that elicited response)</i>	<input type="checkbox"/> RTI: _____ <input type="checkbox"/> Phone Call: _____ <input type="checkbox"/> Visit: _____ <input type="checkbox"/> Email/Mobile text: _____ <i>(tick the type that elicited response)</i>
<b>Reporting in the media</b> <i>(tick all that apply)</i> <input type="checkbox"/> Local/National Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Webspaces (blog, website, etc.) <input type="checkbox"/> Local/National News Channel <input type="checkbox"/> Any other _____	<b>Organising community action</b> <i>(tick all that apply)</i> <input type="checkbox"/> Memorandum/Resolution <input type="checkbox"/> Protest/Rally <input type="checkbox"/> Petition <input type="checkbox"/> Involvement in public hearing <input type="checkbox"/> Discussion with opposing party <input type="checkbox"/> Any other _____	<b>Seeking assistance</b> <i>(tick all that apply)</i> <input type="checkbox"/> Discussion on possible remedy with opposing party in presence of a lawyer <input type="checkbox"/> Legal advice from a lawyer <input type="checkbox"/> Case in court <input type="checkbox"/> Help from a subject expert <input type="checkbox"/> Any other _____
<b>Laws under which the remedy is being sought</b> <i>(click all that apply)</i>		
<input type="checkbox"/> Air Act, 1981 <input type="checkbox"/> CRZ, 2011/1991 <i>(circle one year)</i> <input type="checkbox"/> EIA, 2006 <input type="checkbox"/> EPA, 1986 <input type="checkbox"/> FCA, 1980 <input type="checkbox"/> Fly Ash Notification, 2016 <input type="checkbox"/> FRA, 2006	<input type="checkbox"/> Hazardous Wastes Rules, 2008 <input type="checkbox"/> Indian Penal Code <input type="checkbox"/> MMDRA Act, 2015 <input type="checkbox"/> MSW Rules, 2000 <input type="checkbox"/> Panchayat Act <input type="checkbox"/> Pipelines Act	<input type="checkbox"/> Revenue Act <input type="checkbox"/> RFCTLARR Act, 2013 <input type="checkbox"/> Water Act, 1974 <input type="checkbox"/> WLPA, 2002 <input type="checkbox"/> Guidelines/circular <i>Pl. specify</i> _____ <input type="checkbox"/> Court Order <i>Pl. specify</i> _____ <input type="checkbox"/> Any other _____

<b>Case Milestones</b>	<b>Case Milestones</b> <i>(tick all that apply, mention dates and institution that ordered the milestone in the space provided)</i> <input type="checkbox"/> Written acknowledgment of the problem by the concerned institution: by _____ ____/____/____ <input type="checkbox"/> Site inspection by the concerned institutions: by _____ ____/____/____ <input type="checkbox"/> Written directive of action issued by the concerned institution (either to erring party/other institution): by _____ ____/____/____
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**Has the violation been stopped/checked?** Yes/No (Circle anyone) **Date of Stoppage of violation** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please record what specific changes have been achieved by the case so far: (e.g. wall was built, fly ash was removed, effluent discharge stopped, pollution control equipment installed):

Additional Remedy & Closure	Additional Remedy (in addition to the end of violation (tick the one chosen by CP after deliberative discussions))	Is it within legal framework (WL)/ outside (OL)?	Date of Govt. order	Attribution of ELC's contribution in remedy? (tick all that apply)
	<input type="checkbox"/> Closure	<input type="checkbox"/> WL <input type="checkbox"/> OL	____/____/____	<input type="checkbox"/> RTI reply from the concerned authority <input type="checkbox"/> Media reports <input type="checkbox"/> Testimony of the concerned officer <input type="checkbox"/> Testimony of the CP <input type="checkbox"/> Government circular/order <input type="checkbox"/> Chronology of actions taken <input type="checkbox"/> Any other _____
	<input type="checkbox"/> Fine: once/recurrent (tick one)	<input type="checkbox"/> WL <input type="checkbox"/> OL	____/____/____	
	<input type="checkbox"/> Compensation	<input type="checkbox"/> WL <input type="checkbox"/> OL	____/____/____	
	<input type="checkbox"/> Restoration	<input type="checkbox"/> WL <input type="checkbox"/> OL	____/____/____	
	<input type="checkbox"/> Installation of preventive/control equipment	<input type="checkbox"/> WL <input type="checkbox"/> OL	____/____/____	
	<input type="checkbox"/> Commitment towards compliance	<input type="checkbox"/> WL <input type="checkbox"/> OL	____/____/____	
	<input type="checkbox"/> Future assurance of no expansion	<input type="checkbox"/> WL <input type="checkbox"/> OL	____/____/____	
	<input type="checkbox"/> Bank guarantee	<input type="checkbox"/> WL <input type="checkbox"/> OL	____/____/____	
<b>Reason for Ending Case (tick anyone)</b>				
<input type="checkbox"/> Selected remedy is achieved and violation is stopped (full success) <input type="checkbox"/> CP withdrew case or does not want to pursue remedy <input type="checkbox"/> CP withdrew from the case before violation was stopped <input type="checkbox"/> Case lost in court <input type="checkbox"/> Somebody else resolved it				

	<input type="checkbox"/> Provision of penalty to discourage recurrence	<input type="checkbox"/> WL <input type="checkbox"/> OL	___/___/___	<input type="checkbox"/> Any other_____
	<input type="checkbox"/> Any other_____	<input type="checkbox"/> WL <input type="checkbox"/> OL	___/___/___	

<b>Feedback on Legal Empowermen</b>	Were members of the affected communities/community partners involved in the site visit? Yes/No <i>(circle anyone)</i>
	Do the CPs know the law and its relevant provisions that were used to solve the problem? Yes/No <i>(circle anyone)</i>
	Do the CPs know what to do if a similar problem arises in future? Yes/No <i>(circle anyone)</i>
	Do the CPs think they can resolve a similar problem in future on their own? Yes/No/Partially <i>(circle anyone)</i> If ticked 'Partially', what can they not do on their own? _____
	If somebody else is facing a similar problem, will the CPs be able to guide them towards remedy? Yes/No <i>(circle anyone)</i>
	Attach testimony of the CPs (if available)

## Case Action Log

**Case No. & Title:** \_\_\_\_/\_\_\_\_

Log of follow up activity ( <i>continue on additional pages as needed</i> ):	
Date:	Notes: