

Incident Reporting Form

If you have seen an actual incident or suspect and have cause for concern regarding an incident of child abuse or SEA, please follow the guidelines and fill out the questions below where appropriate. It is important that you identify in this form whether it is an actual incident or a suspected incident.

Personnel Member Details:

Name: _____ Position: _____
Relationship with AB: _____ Line
Manager/Supervisor: _____
Contact Details: _____

Survivor Details:	Parent/Legal Guardian/ Caregiver Details (only if the survivor is a child):
Name: _____	Name: _____
Sex: _____ Age: _____	Sex: _____ Age: _____
Nationality: _____	Nationality: _____
Village/Town: _____	Relationship with survivor: _____
District: _____	Village/Town: _____
Country: _____	District: _____
	Country: _____

Incident Details (please identify whether it is an actual incident or a suspected incident):

Has the incident been seen or is the incident suspected? _____

Who disclosed the incident to you? _____

Date of the alleged incident: _____ Time of the alleged incident: _____

Location of the alleged incident: _____

Description of the alleged incident: _____

Was there any other individual involved in the alleged incident? If so, who?

Was there any witness? If so, who? _____

Alleged Perpetrator Details:

Name: _____ Sex: _____ Age: _____ Nationality: _____

Position: _____ Relationship with AB: _____

Observations (physical injuries or other observations): _____

Action Taken: _____

Signature: _____

Date: _____