



## Safeguarding Incident Reporting Form Victim/survivor must consent to their name being used. Where they do not consent, let them know what

information is being provided in the form and how that information will be used.

Your information							
Name							
Email							
Contact number(s)							
Name of organisation		Your role					
_	wn about the vic	tim/survivor (if	f this information is being provided)				
Name		(	Gender				
			• Female				
Date of Birth			Male				
Age			Other				
Is the victim/survivor a pr	ogramme partici	ipant?					
• No							
• Yes							
If yes, provide det	ails:						
Is there any other information that would be useful to share? E.g. languages spoken, accessibility							
requirements etc.							
Is the victim/survivor curr	ently safe?						
• No	entry sure.						
• Yes							
<ul> <li>Don't kno</li> </ul>	ow						
What security measures are required to make the victim/ survivor safer?							
Contact information about	t the narent/care	r (for children ı	under 18 and vulnerable adults if known)				
Name (s)	the parent/care	(101 emitten t	ander 10 and vamerable addits it known)				
Address							
Contact number(s)							
Email							
Have they been notified or	f this	• No	Please explain why not				
incident?	i tiiis	• 110	Tieuse explain why not				
		- 37	DI : 1 : 1 : 1 : 1				
		• Yes	Please give details of what was				
			said/actions agreed				
Information about the sub	iect of the comp	laint					
Name	jeet of the comp	iwilit					
-							

Gender							
Age							
Name and address of organisation							
Role							
Email							
Contact number (s)							
Is there any other information that would be useful to share? E.g. where are they now, are they							
aware of the complaint.							
Incident details (Attach a separate sheet if more space is required)							
Please provide details about the reported safeguarding allegation or concern including dates,							
names, observations of behaviour, injuries, emotional state, and the victim/survivor account of the incident (if known) and any witness accounts.							
incident (if known) and any witness accounts.							
Any advice sought							
Please provide details of who else has bee	en informed and	advice giv	/en				
Trease provide details of who else has bee	and and	advice gr	ven.				
External agency involvement							
Has the incident been reported to any	• No	• Yes	- Please provide details				
external agencies			_				
Name of organisation/agency							
Contact person							
Contact number(s)							
Email							
Agreed action or advice given							
Action Taken							
Please provide details of action taken to date.							
rease provide details or action taken to date.							
Declaration							
Declaration Your signature							
Your signature							

ALL INFORMATION MUST BE HELD AND HANDLED SECURELY IN LINE WITH THE REPORTING AND INVESTIGATION PROCEDURES AND DATA PROTECTION REQUIREMENTS

You can contact the fraud and safeguarding investigation teams email the secure email address: reportingconcerns@fcdo.gov.uk.

phone the confidential hotline on +44 (0)1355 843747