



**Report Form (Annex IV)**

**Suspicion of Abuse or Exploitation of a Child or Vulnerable Adult**

**Instructions**

Any suspicion or concern of abuse or exploitation of a child or an adult involving ICDS members or staff must be reported as required in the ICDS Minors and Vulnerable Persons Safeguarding Policy. If you are unable to complete all of the sections, fill in what you do know. If there is more than one victim, please complete a separate report for each victim. The reporter's identity will not be disclosed except on a "need-to-know" basis. If the reporter believes danger is imminent to themselves or anyone involved, you should alert the ICDS General Committee at once. The ICDS is committed to addressing and responding to all reports.

If an immediate threat to life exists or if emergency assistance is needed, please contact your local authorities and alert local senior management at once. The purpose of this Report Form is to report any suspicious activity of abuse or exploitation for ICDS General Committee to assess and determine next course.

**REPORTED**

**BY:** .....

Does the **Reporter** wish to be identified? Yes No

**If yes, Reporter name and contact information**

First Name:.....

Last Name: .....

Phone Number *Include the area code or country code (Preferred):* + ..... - .....

*(Alternative):* Email: .....@.....

Name of Organization/Unit:

Function: .....

**VICTIM:**

Is the victim a child or an adult?

Child

Adult

**Victim Identity:**

First Name: .....

Last Name: .....

Nick Name : .....

Unknown *(If you are unable to provide the victim's identity, check Unknown.)*

Approximate age

Gender

*Remark: Child refers to all persons under the age of 18!*

Provide any additional information

**Caregiver/Guardian/Relative:**

First Name:.....

Last Name: .....

Unknown

*(If you are unable to provide the caregiver/Guardian/Relative's identity, check Unknown.)*

Physical Address: .....

.....

*(Examples include: name of village, street name, city, house, building)*

Phone Number(Preferred) : + ..... - .....

*(Alternative):* + ..... - .....

Email: .....@.....

Approximate age: .....

Gender: .....

**ACCIDENT DETAILS**

**Type of Incident:** *(Check all that apply)*

- Sexual Abuse** *(e.g., fondling, kissing, non-contact sexual activity, rape) Exploitation (e.g. sex trafficking, forced prostitution, survival sex, child labor)*
- Emotional Abuse** *(e.g. intimidation, threats, humiliation, bullying)*
- Physical Abuse** *(e.g. hitting, kicking, shaking):*
- Other** *(Define other)*

**Location of the Accident:**

Address/Physical location of incident: .....

Country: .....

*(Examples include: name of village, street name, city, house, building)*

**Dates:**

Approximate Date of Incident: Month ..... Date ..... Year .....

Date Reported: Month ..... Date ..... Year .....

**Physical and Emotional State:**

- Physical and Emotional state of victim *(Check all that apply)*
- Cuts, bruises, welts, scratches
- Behavioral changes *(e.g., angry, crying, acting out, withdrawn, sudden illness)*
- Other *(Please further describe the physical and emotional state of the victim).*

.....

**Impairment or Disability:**

Does the victim have a physical impairment or disability?       Yes       No       Do Not Know

If yes, describe the impairment or disability.

.....  
.....

**Become Aware:**

How did the reporter become aware of this incident?

- Witnessed it
- Other *(Define other):*

.....

**Safety of Victim:**

Was the victim in immediate danger prior to completing this form?

- Yes
- No

Were the proper authorities and senior management contacted (as appropriate)?

- Yes       No

Please provide any additional information:

.....  
.....  
.....

**SUSPECT PERSON:**

First Name: .....

Last Name: .....

- Unknown (*If you are unable to provide the suspect's identity, check Unknown.*)

Phone Number (*Preferred*): + ..... - .....

(*Alternative*) : + ..... - .....

Email: .....@.....

Approximate age: .....

Sex: .....

Physical Description of Suspect:

.....  
.....  
.....

Physical Address: .....

- Unknown (*Examples include: name of village, street name, city, house, building*)

Name of Organization/Unit:

Function: .....

**MORE INFORMATION:**

Are there any other persons with more information?

- Yes       No

If yes, provide details:

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