Incident Report Form

Instructions

Form to be completed by fully trained and designated staff. Original to be maintained in designated agency (outside camp). Copy to be delivered to UNHCR Protection, in sealed envelope, as soon as possible. (If survivor wishes to report incident to police, Protection Officer must have copy within 24 hours). If case of sexual abuse and exploitation by humanitarian worker, copy to be delivered to UNHCR if requested by survivor. The survivor and/or complainant must be advised of the option to involve UNHCR. Attach additional pages with continued narrative, if needed.

Note

This form is NOT an interview guide. Staff must be properly trained in interviewing survivors. Separate forms are available for counseling and health exam/treatment.

INCIDENT TYPE

Case Number

Previous Incident Number for this Client (if any)

COMPLAINT INFORMATION (if different from victim/survivor information)

Name:

Age:

Sex:

Occupation:

Has complainant obtained permission from survivor to report incident:

Yes

No

VICTIM/SURVIVOR INFORMATION

Name:

Age:

Yr. of birth:

Sex:

Ethnic Group:

Marital Status:

Occupation:

No. of Children:

Ages:

Head of family (self OR name, relationship to survivor):

UNHCR “vulnerable” designation (if any)

Ration Card No.: or ID Card No.:

If victim/survivor is a child: name of caregiver:

ALLEGED INCIDENT

Description of Incident (summarize circumstances, what exactly occurred, what happened afterward):
### ALLEGED PERPETRATOR INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>No. of Perpetrators:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Nationality:</td>
<td>Age:</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Marital Status:</td>
<td></td>
</tr>
<tr>
<td>Ration Card No. or ID Card No.:</td>
<td>Occupation:</td>
<td></td>
</tr>
</tbody>
</table>

In cases of Sexual Abuse and Exploitation (SAE) by humanitarian workers:
- Agency the alleged perpetrator works for:
- Position title and location(s):
- Has the complainant/survivor been informed about the agency’s procedures for SAE reports:
  - Yes
  - No

If perpetrator unknown, describe his/her, including any identifying marks:

- Current location of perpetrator, if known:

If perpetrator is a continuing threat:

- Is perpetrator a continuing threat?

### WITNESSES

Describe presence of any witnesses (including children):

**Names and Addresses:**
### Action Taken

- **Any action already taken as of the date this form is completed**

<table>
<thead>
<tr>
<th>Reported to</th>
<th>Date Reported</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
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<tr>
<td>Security</td>
<td></td>
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<tr>
<td>Name</td>
<td></td>
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<tr>
<td>UNHCR</td>
<td></td>
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<tr>
<td>Name</td>
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<tr>
<td>Local Leaders</td>
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<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### More Action Needed and Planned Action

- **As of the date this form is completed**

<table>
<thead>
<tr>
<th>Physical Security Needs Assessment and Immediate Safety Plan:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any health needs and concerns:</td>
<td></td>
</tr>
<tr>
<td>The victim/survivor received any kind of counselling?</td>
<td>Yes ( ) No ( )</td>
</tr>
<tr>
<td>Is the victim/survivor going to report the incident to the police?</td>
<td>Yes ( ) No ( )</td>
</tr>
<tr>
<td>Is she/he seeking action within camp justice system/traditional court?</td>
<td>Yes ( ) No ( )</td>
</tr>
<tr>
<td>What follow-up will be done by community development / SGBV worker?</td>
<td></td>
</tr>
<tr>
<td>What further action is needed by UNHCR and / or other?</td>
<td></td>
</tr>
</tbody>
</table>

Form completed by (Print Name):  
Signature:
CONSENT FOR RELEASE OF INFORMATION

I __________________________, give my permission for the following organisations to share information about the incident I have reported in this form, and about my current needs. I understand this permission is needed so that I can receive the best possible care and assistance. I understand that the information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I need and request.

(Mark with an X all that apply)

☐ Community Services Agency (name)

☐ Health Center (name of organisation)

☐ UNHCR (UNHCR Protection Officer, others)

☐ Police

☐ Camp / block leader, Specify name(s)

☐ Others, specify

In cases of SAE, agency involved: __________________________

Signature or thumb print

Witness (signature or thumb print)

Date

To the staff member for volunteer completing this form:
Read the entire form to the client, explaining that she/he can choose any (or none) of the item listed. Obtain signature or thumb print with witness signature.