**A report announcing a possible violation of the Policy for the Protection of the Rights of Children**

If you suspect a child is at risk, complete this report, and note it must be submitted (orally or in writing) to the Safeguarding Policy Officer on the same day that the suspicion arose. With respect to the urgency of the situation, you can complete the report before or after contacting the Safeguarding Policy Officer.

To protect confidentiality, please complete and sign this report without notifying anyone other than the Safeguarding Policy Officer who will store the report in a safe place.

**1. Information about you**

Name:

Occupation/Position:

Organization:

Relationship with the Child:

Contact Phone Number:

Contact E-mail:

**2. Information about the child:**

Name:

Sex:

Age:

Address:

Parent/legal guardian:

Has medical assistance been provided? By whom:

Hospitalization: YES NO

If yes, in which hospital:

**3. Information about suspicion or event**

a) Is this a case of:

* a suspicion that you have of a child being at risk?
* an event you witnessed?
* an event you have been informed of by a third party?

b) If someone else has informed you, explain how this person is related to the child at risk:

c) What happened? Describe the circumstances under which the event occurred (where, when, who) and its causes (why / how). Clearly distinguish facts from assumptions, observations etc. (for example, subjective observation of the child's emotional state or injury):

d) Has the child or someone else told you anything else relevant to the case and, if so, how did you react? Do not lead the child to an answer, record only the actual statement:

e) Date, time and place of the alleged event:

f) Name of the alleged perpetrator in case of an offence which might be considered criminal:

g) Were other children or adults present at the event?

h) Are there other children at risk?

i) How did you react and what did you do?

Signature: ................................................................. Date: ..............................................

**To be completed by the Safeguarding Policy Officer:**

Has the accident / incident been investigated? YES NO

Will a written report of the investigation be necessary? YES NO

For the purpose of further investigation and determination of the origin of the accident or incident, it would be suitable to obtain testimony from other witnesses. Please give details of witnesses here, their testimony or other supplementary information:

Information taken over on:

Assigned identification number: