

## Annex 1

### Incident Report Form

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#### IMPORTANT NOTE

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*If you have knowledge that a child might be at risk of harm, please complete this form to the best of your knowledge.*

*Please note that child protection concerns must be reported (orally or in writing) directly to the Child Protection Focal point of Symplexis (preferably within the same working day). Depending on the urgency, this form can be completed before contacting the Child Protection Focal point or afterwards.*

*The report should be written and signed only by you to guarantee confidentiality and should be sent only to the Child Protection Focal point of Symplexis, who will hold it in a safe and secure place and treat it with the strictest confidentiality<sup>1</sup>.*

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<sup>1</sup> Adapted from Eurochild Child Protection Policy. Retrieved from [https://eurochild.org/uploads/2020/11/Eurochild\\_Child\\_Protection\\_Policy.pdf](https://eurochild.org/uploads/2020/11/Eurochild_Child_Protection_Policy.pdf)

**1. About you**

Name:

Job title:

Organisation you work for:

Nature of your contact with the child:

Contact details:

Tel:

E-mail:

**2. About the child**

Child's name:

Child's gender/gender identity:

Child's age:

Child's address:

Child's parents/guardians:

Has any treatment been given to the child? Treatment given by

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Taken to hospital: ☐ YES ☐ NO

If yes, which hospital and how taken:

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### 3. Details of incident /concern

Was the incident:

☐ Observed by you

☐ Suspected

☐ Disclosed by someone else

If the concern was shared by someone else, please state who and their relationship to the child:

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What happened? Give cause (how and why) if known - If you include personal observations, please make a distinction between what is a fact and what is opinion or hearsay (e.g., child's emotional state, visible injuries, etc.):

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Did the child/young person or another source say anything to you [if relevant] and how did you respond to them: [Do not lead the child. Record actual details]

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Date of the alleged incident:

Time of the alleged incident:

Location of the alleged incident:

Name of the alleged perpetrator (if applicable):

Were there any other children/people involved in the alleged incident? Are any other children at risk of harm?

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Action taken by you:

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Signature:

Date:

For completion by the Child Protection Focal point:

Incident investigated: ☐ YES ☐ NO

Written investigation report necessary: ☐ YES ☐ NO

In order to determine the cause of the incident, it may be appropriate to interview parties who were involved. Witness detail, statements, etc. can be added here

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