တ၀်ကဲထိဉ်သးအတ၀်ပဝ်ဖျါ – လဲဝ်ဒိ Incident Report Form

တ၀်ကတိၤလၢညါ Instructions	အလိ၀်မ့၀်အိဉ်, ဆုၤထိဉ်ဃုဝ်လဲဝ်ဘျးစဲလၢ ကဘျံးပၤအစၤလၢ တ၀်ပဝ်ဖျါအါထိဉ် အစိ၀် တက့၀်. 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.
တ၀်မၤနီဉ် **Note**	လဲဝ်ဒိအံၤတမ့၀်တ၀်နဉ်ကျဲလၢတ၀်သမံထံအစိ၀်ဘဉ်.လၢတ၀်သမံထံပုၤတူ၀်ဘဉ်တ၀်အစိ၀်နှဉ်ပုၤဘဉ်မူဘဉ်ဒါကဘဉ်မ့၀်ပုၤလၢအဒိးနှ.၀်ဘဉ်တ၀်သိဉ်လိလီၤတံ၀်လီၤဆဲးလီၤ.လၢတ၀်တၢဝ်ပိဉ်ဒိးဆူဉ်ချဂ့၀်ဝိအတ၀်သမံသမိး။တ၀်ယါဘျါအစိ၀်လဲဝ်ဒိလီၤဆိအိဉ်ဝဲလီၤ. **This form is NOT an interview guide. Staff must be properly trained in interviewing survivors. Separate forms are available for counselling and health exam/treatment.**

တ၀်ကဲထိဉ်အသးအကလုဝ်
INCIDENT TYPE

ကွိ၀်နိဉ်စ်၀် Case Number	ဒဲကဝီၤ။အိဉ်ဆိးလီ၀်ကျဲ (ပှၤလၢအက့ၤကဒါဒိးပှၤလၢအိဉ်လၢနူဉ့၀်ပူၤလၢအဘဉ်ထွဲဒိးကွိ၀် တဖဉ်အစိ၀်.) Camp/Address (for urban and returnee caseload)	တ၀်သမံထံနံၤသိဒိးဆၢကတိ၀် Date and Time of Interview
ပူၤကွံဝ်တ၀်ကဲထိဉ်သးအဘျိ (မ့၀်အိဉ်) Previous Incident Number for this Client (if any)		

COMPLAINANT INFORMATION (if different from victim/survivor information)
ပှၤတီဉ်ဖျါထိဉ်တ၀်အစ့၀်အကျိၤ (တ၀်စ့၀်တ၀်ကျိၤလီၤဆီမ့အိဉ်ဘဉ်လၢပှၤတူ၀်ဘဉ်တ၀်/ပှၤပူၤဖျဲး)

မံၤ Name:	သးနံဉ် Age:	မုဉ်။ခွါ Sex:	တ၀်မၤ Occupation:
အိဉ်ဆိးလီ၀်ကျဲ Address:		Has complainant obtained permission from survivor to report incident: မ့၀် Yes တမ့၀် No	
Relationship to survivor: တ၀်ဘဉ်ထွဲဒိးပှၤတူ၀်ဘဉ်တ၀်			

ပှၤတူ၀်တ၀်အစ့၀်အကျိၤ VICTIM/SURVIVOR INFORMATION

မံၤ Name:	သးနံဉ် Age:	အိဉ်ဖျဲဉ်အနံဉ် Yr. of birth:	မုဉ်။ခွါ Sex:
အိဉ်ဆိးလီ၀်ကျဲ Address:	ကလှာ်ဒူဉ် Ethnic Group:	တ၀်ဆီဟံဉ်ဆီဃီ Marital Status:	တ၀်မၤ Occupation:
ဖိပဲၤစၤ No. of Children:	သးနံဉ် Ages:	ဒူဉ်ဖိထၢဖိအခိဉ်(နီဉ်ကစ၀်မ့တမ့၀်မံၤ, ဘူးဒိးပှၤတူ၀်တ၀်ဒ်လဲဉ်) Head of family (self OR name, relationship to survivor):	
UNHCR “တ၀်ကဟုကယဒ်” မူဒါလီ၀်လၢ(မ့၀်အိဉ်) UNHCR “vulnerable ” designation (if any)		တ၀်အိဉ်လဲးမးနီ၀်စ်၀်(မ့)ထံဖိကီ၀်ဖိလဲဝ်နိဉ်စ်၀် Ration Card No.: or ID Card No.:	
ပှၤတူ၀်တ၀်(မ့မ့၀်ဖိသဉ်တခီ ပှၤကွ၀်ထွဲတ၀်)အမံၤ If victim/survivor is a child: name of caregiver:			တ၀်ဒိဘူးဒိတံ၀် Relationship:

တ၀်ကဲထိဉ်အသး ALLEGED INCIDENT

တ၀်လီ၀် Location:	နံၤသိ Date:	နံၤအကတိ၀် Time of day:
တ၀်တဲဖျါတ၀်ကဲထိဉ်သးအစ့၀် (တ၀်မၤသးနီ၀်နီ၀်ဒိးတ၀်မၤအသးလၢအပိဝ်ထွဲထိဉ်တ၀်ကဲထိဉ်သးအလိ၀်ခံတဖဉ်ကွဲးဖျါအီၤဖုဉ်ကိဝ်လၢလၢပှဲၤပှဲၤတက့၀်) Description of Incident (summarize circumstances, what exactly occurred, what happened afterward):		

ဖံးညှင်ဒီးမုဉ်ခွါဘဉ်ထွဲတ်မၤတရီတပါလၢ ပှၤဘဉ်ကီဘဉ်ခဲ, ပှၤကှၤကဒါကှၤဆူထံကီၤ်ဒီးပှၤလီၤ်အိဉ်ကမှံဖိတဖဉ်
Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons

ပှၤမၤကမဉ်တၤ်ဖိအဂ့ၤ်အကျိၤ ALLEGED PERPETRATOR INFORMATION

မံၤ Name:	ပှၤမၤကမဉ်တၤ်အိဉ်ပှဲၤစၤ No. of Perpetrators:	မုၤ်။ခွါ Sex:

အိဉ်ဆိးလီၤ်ကျဲ Address:	ထံကီၤ်ဖိ Nationality:	သးနံဉ် Age:	Ethnic group

ဒီဘူးဒီး ပှၤတူၤ်တၤ်ဒ်လဲဉ် Relationship to Victim/Survivor:	တၤ်ဆီဟံဉ်ဆီဃီ Marital Status:	တၤ်မၤ Occupation:

တၤ်အီဉ် (ဟံဉ်ခိဉ်) လံဉ်နီဉ်စံၤ် (မ့) ထံဖိကီၤ်ဖိနီၤ်စံၤ်
Ration Card No.: or ID Card No.:

တၤ်ကရၢကရိလၢဟ့ဉ်မၤစၢၤတၤ်အပှၤမၤတၤ်ဖိတဖဉ်မ့ၤ်မၤကမဉ်တၤ်ဘဉ်ဃးဒီးမုဉ်ခွါက့ၤ်ဂီၤတၤ်မၤဆူဉ်ဒီးတၤ်ဟံးနှ့ၤ်တၤ်ဘျုးလၢပှၤဂၤဖီခိဉ်
In cases of Sexual Abuse and Exploitation (SAE) by humanitarian workers:

- ပှၤမၤကမဉ်တၤ်အတၤ်ကရၢကရိအမံၤ
- Agency the alleged perpetrator works for:
- လီၤ်လၤအပတီၤ်ဒီးအိဉ်ဆိးတၤ်လီၤ်
- Position title and location (s):

မ့ၤ်တၤ်ဒုးသ့ဉ်ညါပှၤတူၤ်ဘဉ်တၤ်တဂၤဘဉ်ဃးတၤ်ကရၢကရိအတၤ်တီဉ်ထီဉ်အကျိၤအကျဲဘဉ်ဃးတၤ်တီဉ်ထီဉ်မုဉ်ခွါက့ၤ်ဂီၤတၤ်မၤဆူဉ်ဒီးတၤ်ဟံးနှ့ၤ်တၤ်ဘျုးလၢပှၤဂၤဖီခိဉ်
Has the complainant/survivor been informed about the agency's procedures for SAE reports:
မ့ၤ် Yes တမ့ၤ် No

မ့ၤ်တသ့ဉ်ညါပှၤမၤအၢတၤ်ဖိဘဉ်နှ့ဉ်, ကွဲးဖျါတၤ်စ့ၤ်လၢအဘဉ်ဃးအီၤဃုဉ်ဒီး တၤ်မၤနီဉ်မၤဃါတမံၤမံၤ(အမဲဉ်)
If perpetrator unknown, describe his/her, including any identifying marks:

ပှၤမၤအၢတၤ်တစၤအိဉ်ဆိးလီၤ်ကျဲခဲအံၤ (မ့ၤ်သ့ဉ်ညါဘဉ်တခီ)
Current location of perpetrator, if known:
ပှၤမၤအၢတၤ်တစၤအံၤကဲထီဉ်တၤ်လီၤပျံၤလၢခဲအံၤဒီးဆူညါဇါ၊ Is perpetrator a continuing threat?

ပှၤမၤအၢတၤ်မ့မ့ၤ်ဖိသဉ်ဒီးပဉ်ဖျါပှၤကွၤ်ထွဲတၤ်အမံၤ If perpetrator is a child: name of caregiver:	ဒီဘူးဒ်လဲဉ် Relationship to child:

ပှၤအုဉ်အသး WITNESSES

ကွဲးဖျါပှၤအုဉ်အသးလၢအအိဉ်တဖဉ် (ဃုဉ်ဒီးအဖိအမံၤ)
Describe presence of any witnesses(including children):

မံၤဒီးအိဉ်ဆိးလီၤ်ကျဲ
Names and Addresses:

တ၊်ဟံးစ့၊်ဝိ – တ၊်ဟံးစ့၊်ဝိတမံၤလ၊်လ၊်မ့၊်ဒ်နံၤသိကွဲးသးလၢလံဉ်ဒိအံၤအပူၤအသိးလီၤ **ACTION TAKEN - any action already taken as of the date this form is completed**		
ပဉ်ဖျါထိဉ်ဆူ Reported to:	**ပဉ်ဖျါနံၤသိ Date Reported**	**စ့၊်ဝိလၢတ၊်ဟံးနှ၊်အီၤ Action Taken**
ပၢၤကိ၊် POLICE **မံၤ** Name		
ဘံဉ်ဘၢ SECURITY **မံၤ** Name		
UNHCR **မံၤ** Name		
လီ၊်ကဝိၤခိဉ်နှ၊်တဖဉ် LOCAL LEADERS **မံၤ** Name		
တ၊်ကွ၊်ထွဲဆူးဆါ HEALTH CARE ကွ၊်ကဘျုးပၤ (၃) လၢလံဉ်ဒိအံၤအပူၤ လၢကသ့ဉ် ညါဘဉ် တ၊်စ့၊်အစီ၊် See page 3 of this form for name/info.		
အစၢတဖဉ် OTHER **မံၤ** NAME		

စ့၊်ဝိလၢတ၊်လိဉ်ဘဉ်အါထိဉ်ဒိးလၢတ၊်ဂုဉ်ကျဲၤပဉ်အီၤ – ဒ်အဘဉ်တ၊်ကွဲးအီၤဖျါထိဉ်ဃုဉ်ဒိးနံၤသီလၢလံဉ်ဒိအံၤအပူၤသိး **MORE ACTION NEEDED AND PLANNED ACTION - as of the date this form is completed**		
တ၊်သမံသမိးနီ၊်ခိက့၊်ဝိၤအတ၊်ဘံဉ်တ၊်ဘၢလၢတ၊်လိဉ်ဘဉ်အီၤဒိးတကိ၊်ခါတ၊်ဘံဉ်တ၊်ဘ၊်အတ၊်ဂုဉ်တ၊်ကျဲၤ Physical security needs assessment and immediate safety plan :		
Any health needs and concerns: လိဉ်ဘဉ်တ၊်မၤစၢတ၊်စ့၊်ကီလၢဆူဉ်ချုတမံၤမံၤ		
ပှၤတူ၊်ဘဉ်တ၊်ဒိးနှ၊်တ၊်ဟ့ဉ်ကူဉ်ကတိၤတၢဉ်ပိဉ်တမံၤမံၤဧါ,မ့မ့၊်ဒိးဒိးနှ၊်ဝဲအကလုဉ်ဒ်လဲဉ် Has the victim/survivor received any kind of counselling - if yes, which kind?		
ပှၤတူ၊်ဘဉ်တ၊်ကလဲၤပ၊်ဖျါတ၊်ကဲထိဉ်သးဆူပၤကိ၊်နှ.ဉ်ဧါ၊ Is victim/survivor going to report the incident to the police?	☐ မ့၊် Yes	☐ တမ့၊် No
အဝဲကလဲၤဃုနှ.၊်တ၊်ဟံးစ့၊်ဝိဖဲသူဉ်က့သးပှ၊်အစံဉ်ညီဉ်ကွ၊်ဘျိဉ်။ထူသနူကွိ၊်ဘျိဉ်နှ.ဉ်ဧါ Is she/he seeking action within camp justice system/traditional court?	☐ Yes မ့၊်	☐ No တမ့၊်
ပှၤတဝၤအတ၊်စုၤထိဉ်ပသိထိဉ်ကရ။။ SGBV ပှၤမၤတ၊်ဖိတဖဉ်ကဘဉ်မၤထွဲတ၊်မနုၤတဖဉ်လဲဉ်၊ What follow-up will be done by community development / SGBV worker?		
မ့တမ့၊်။ဒိးကရၢအစၢလိဉ်ဘဉ်ဒံးဝဲစ့၊်ဝိမနုၤလၢကဟံးနှ.၊်ဝဲအစီ၊်လဲဉ်၊ What further action is needed by UNHCR and / or other?		
ပှၤမၤပဲၤလံဉ်ဒိ (မံၤလၢလံဉ်မဲဉ်ဖျၢဉ်ဒိဉ်) Form completed by (Print Name):	ဆဲးစုပနီဉ် Signature:	

တၢ်သးလီၤပလိၢ်ဘဉ်ဃးတၢ်ရၤလီၤသနူတၢ်ကစိဉ်
CONSENT FOR RELEASE OF INFORMATION

ပှၤမၤတၢ်ဖိ မ့တမ့ၢ် ပှၤသူဉ်အိဉ်သးအိဉ်မၤစၢၤတၢ်ဖိကဘဉ်မၤပှဲၤလံၢ်ဒိဝဲအံၤ

ဖးယုၤနှ့ၢ်ပှၤလိၢ်/ တူၢ်ကွိၢ်ဖိလၢလံၢ်အံၤ, ဒီးတဲနၢ်ပၢ်အီၤဒ်သိးအဝဲကသ့ဃုထၢထိဉ်တၢ်စ့ၢ်ပၢ်ဖျါအနိၢ်စ်ၢ်တခါခါ(မ့တမ့ၢ် နီတခါ)ကွဲးအသးလၢလံၢ်အံၤနှ့ဉ်လီၤ.

မၢပှၤလိၢ်/ တူၢ်ကွိၢ်ဖိဃုဉ်ဒီးပှၤအုဉ်အသးအဆဲးစုပနီဉ်မ့တမ့ၢ် စုတဝံၢ်တက့ၢ်.

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.

ယၤ _____

(ပှၤတူၢ်ဘဉ်တၢ်အမံၤ)

ဟ့ဉ်တၢ်အခွဲးလၢတၢ်ကရၢကရိဖျါလၢလၢ်အံၤကဟ့ဉ်နီၤလီၤတၢ်ထံဉ်တၢ်ဆိကမိဉ်ဘဉ်ဃးတၢ်စ့ၢ်လၢယပၢ်ဖျါထိဉ်အီၤလၢလံၢ်ဒိအံၤအပူၤ ဒီးတၢ်လၢအဘဉ်ထွဲဒီးတၢ်လၢယလိဉ်ဘဉ်အီၤဆၢကတိၢ်ခဲအံၤတဖဉ်နှ့ဉ်လီၤ. ဒ်သိးယကဒိးနှ့ၢ်ဘဉ်တၢ်ကဟုကယၢ်ဒီးတၢ်မၤစၢၤအစိၢ် နှ့ဉ်ယနၢ်ပၢ်လၢတၢ်ဟ့ဉ်ခွဲးဝဲအံၤအလိၢ်အိဉ်ဝဲဒဉ်နှ့ဉ်လီၤ.
ဒ်သိးတၢ်မၤစၢၤလၢယလိဉ်ဘဉ်အီၤ ကဘဉ်တၢ်ဟ့ဉ်အီၤအစိၢ်နှ့ဉ်ယနၢ်ပၢ်လၢတၢ်ကစိဉ်အံၤကဘဉ်တၢ်ဟ်အီၤဘံဉ်ဘံဉ်ဘၢဘၢ, ဟ်ကဲဒီး နီၤဟ့ဉ်ဘဉ်အီၤ(ဒုးသ့ဉ်ညါဘဉ်ပှၤ၈၂)လၢအလိၢ်အိဉ်ဝဲအသိးနှ့ဉ်လီၤ.

I _____, give my permission for the following organisations to share
(print victim/survivor name)
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 received 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.

(တၢ်ပတံထိဉ်အစိၢ်သူတၢ်ပနီဉ် **X** တက့ၢ်) **(Mark with an X all that apply)**

- ❑ ပှၤတဝၢတၢ်မၤကဂၢ(မံၤ) _____
  Community Services Agency (name)
- ❑ တၢ်အံးကွိၢ်ဆူဉ်ချအလိၢ်(တၢ်ကဂၢကဂိုအမံၤ) _____
  Health Center (name of orgination)
- ❑ UNHCR (တၢ်ဒီတဒၢမူဒါခိဉ်–အ၈၂)
  UNHCR (Protection Officer, others)

- ❑ မ့မ့ၢ်ဘဉ်ဖုးမုဉ်ခွါက့ၢ်ဂီၤတၢ်မၤဆူဉ်ဒီးတၢ်ဟံးနှၢ်တၢ်ဘျူးလၢပှၤဂၤဖီခိဉ်နှဉ်တၢ်ကရၢကရိလၢပဉ်ဃုဉ်တဖဉ်အမံၤ
  In cases of SAE, agency involved: _____

- ❑ ပၢၤကိၢ်
  Police
- ❑ ကွဲးလီၤဘဉ်ဒဲကဝီၤ/ ကဝီၤခိဉ်မံၤ _____
  Camp / block leader, Specify name(s)
- ❑ တၢ်အစုၤအ၈၂/ ပၢ်ဖျါထိဉ်တက့ၢ် _____
  Others, specify

_____

မံၤစဲ မ့တမ့ၢ် စုမုၢ်ကျၢ်တဝံး _____
Signature or thumb print

ပှၤအုဉ်သး(မံၤစဲ မ့တမ့ၢ် စုမုၢ်ကျၢ်တဝံး) _____
Witness (signature or thumb print)

မှၢ်နံၤ _____
Date