

wlux0;twlyPzg Incident Report Form

wlux0;twlyPzg- vHd Incident Report Form

| | |
|---------------------------------|--|
| wluwdlmg Instructions | <p>vHdHb0wlr:yStD/l yS:wldlt'd hwr:v88hvD vHd cDcl h ub0wl70oUwD DvclUp;u7lvlt b0wl yPyeCPt D' d 0Dcl) e0vD vHdH b0wlr0qH DqUNHCR wI'D'Urig0vU vHU u;b0;88htylvD (ySvlb0wlt o;rt0q8Dvlux0;t8qylt:uDwcDl' d'Urig0ub0'd hvU uqwb0vU(24) e070t wDlvD)</p> <p>t vDht0 q8DCKvHb0vUub0t t8:vUwlyPzg t8D8Dvuh</p> <p>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).</p> <p>Attached additional pages with continued narrative, if needed.</p> |
| wlr:eD Note | <p>vHdHvhwleDus/vwlorKED0.vwlorKysvlb0wlt8D0yS0rb0'gu b0rlyS/lt' dH0wlo0vDvHvD;l DvUwlvPyD q0c8Dwlorb0vU <0gt8DvHdDqD0vD</p> <p>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.</p> |

| | | |
|--|--|---|
| wlux0;tuvk INCIDENT TYPE | | wlvltux0'gtuvk Secondary Incident Type |
| u0BH Case Number | <p>' d0Dt0q0vDis (yS/ltuh u'gys/lt0vcl0hylvU t b0x0D wz0t8D)</p> <p>Camp/Address (for urban and returnee caseload)</p> | wlorKED0qUwD Date and Time of Interview |
| ylubvlux0;t8D0t0) Previous Incident Number for this Client (if any) | | |

| ySvlwlt8Husd VICTIM/SURVIVOR INFORMATION | | | |
|--|--|--|------------------------------|
| rH Name: | o:eH Age: | t0z0teH Yr. of birth: | rK/cG Sex: |
| t0q0vDis Address: | uvKuvK0 Tribe/Ethnic t8hylvlyuB Background: | wlqD0qDD Marital Status: | wlr: Occupation: |
| zyB: No. of Children: | o:eH Ages: | '0zalzdc0(eDuplrwrh0)' ySvlwlt' t0) Head of family (self OR name, relationship to survivor): | |
| UNHCR "wlu[k<P" rlyvD:(rH0) UNHCR "vulnerable " designation (if any) | | wltD[00) vH0BH(r) xEDZedH Ration Card No.: or ID Card No.: | |
| ySvlwlt(rhzd0wcl0vS0x0)trH If victim/survivor is a child: Name of Caregiver: | | | wI'D' DH Relation: |

| wlux0;t0; THE INCIDENT | | |
|---|------------------|-----------------------------|
| wlvD Location: | e0D Date: | eHt uwd Time of day: |
| <p>wlwlyvlux0;t8H(wlr:o;eDDlr:t0;vlt yKEDvlux0;t vDhz0u0gt D0uB vlvlySswuB) Description of Incident (summarize circumstances, what exactly occurred, what happened afterward):</p> | | |

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

PERPETRATOR INFORMATION

| | | | | |
|----------------------------------|----------------------|-----------------|--------------|-------------|
| Name: | No. of Perpetrators: | | | Sex: |
| Address: | Nationality: | Age: | Tribe/Ethnic | Background |
| Relationship to Victim/Survivor: | | Marital Status: | | Occupation: |

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

wlu7u7dU[0r:pl:wltys:wlwz0rh:ur0wlb0C; DcqhDvir:q0'DI[ehwlb\$vu
 yS:zED

- Agency the alleged perpetrator works for:
- yS:ur0wltwlu7u7drH
- Position title and camp(s):
- vD:tywDdu0D

Has the agency's PSAE focal point been informed about the allegation:

rhwl'j0ngSvlt b0rb0'gvt0t wlu7u7duy:tH}:vEj

rh_{es} wrh_{no}

- Name and position of person informed:
- ySvlt b0wl'j0ngt Dv}:trHDD:ywD
- Date and time:
- rkHloDlqluwD

Has the complainant/survivor been informed about the agency's procedures for SAE reports:

rhwl'j0ngSvlt b0wlv}:b0C;wlu7u7dwlvDx0tustusb0C;wlvDx0

rkqhDvir:q0'DI[ehwlb\$vu yS:zED

rh_{es} wrh_{no}

Has a copy of this IRF been given to UNHCR:

rhwlq6Dvlux0;t vHypzql UNHCR t t0vEj

rh_{es} wrh_{no}

rhwl'j0ngS:tUwlb0e h u6vlt b0C;t DCR'Dlr:CgvrHH

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

yS:tUwlv8:t0q0Dis1Hrh0ngb0wcD

Current location of perpetrator, if known:

yS:tUwlv8:tHuxDvlvDyHvltHqhg Is perpetrator a continuing threat?

yS:tUwlvrhzd0'pzySu60ltrH

If perpetrator is a child: Name of Caregiver:

'D'f0

Relation:

WITNESSES

u6ySt0t0:vlt t0wz0 (CR'DzdrH)

Describe presence of any witnesses(including children):

rhH0q0Dis

Names and Addresses:

ACTION TAKEN - any action already taken as of the date this form is completed

| Reported to: | Date Reported | Action Taken |
|---|---------------|--------------|
| yU:uD POLICE rHName | | |
| b0bU SECURITY rHName | | |
| UNHCR rHName | | |
| vDl0D0elwz0 LOCAL LEADERS rHName | | |
| wlu60kq HEALTH CARE u6bvt (3) vlvHdHyl vluo0h n00 wlvH8D See page 3 of this form for name/info. | | |
| t8:wz0 OTHER rHNAME | | |

| | | | | | | | | | | | | |
|---|---|--|---|---|--|--|---|--|-----------------------------|---------------|---------------------------------|------------|
| <p>810Uwlvb0t gX0D0Uw170usyPtD'f b0wlu0G2x0CK0P0b0DvH0HtYlod</p> <p>MORE ACTION NEEDED AND PLANNED ACTION - as of the date this form is completed</p> <p>wlor0r0r0d00Etwlb0wlbvUwlv0b0tD0r0u0gvlb0wlb1twl70wlu0</p> <p>Physical security needs assessment and immediate safety plan :</p> <p>ySvlb0wl'0hwl[0u0uwdvUPy0vrHlHgrHlD0l0±uvK'00</p> <p>Has the victim/survivor received any kind of counselling - if yes, which kind?</p> <table border="1"> <tr> <td>ySvlb0wlu0vJylz0glu0x00;qylU:u0000(g</td> <td><input type="checkbox"/> rh_{es}</td> <td><input type="checkbox"/> wrh_{No}</td> </tr> <tr> <td>Is victim/survivor going to report the incident to the police?</td> <td><input type="checkbox"/> rh_{es}</td> <td><input type="checkbox"/> wrh_{No}</td> </tr> </table> <p>t0UlvJCKhwl[00000ub;yStp0h0u000x0b0k000000(g</p> <p>Is she/he seeking action by elders' tribunal/traditional court?</p> <p>ySv0Utwl8k00y0000U7V/SGBV yS:wIz0dz0ub0r:x00lrekwz0v0?</p> <p>What follow-up will be done by community development / SGBV worker?</p> <p>rhrh'070t8:v0b0'000000kvlU[0l0±8D0? What further action is needed by UNHCR and / or other?</p> <table border="1"> <tr> <td>yS:ySvH0HvUvH0bz0'0)</td> <td>q:0je0</td> </tr> <tr> <td>Form completed by (Print Name):</td> <td>Signature:</td> </tr> </table> | | | ySvlb0wlu0vJylz0glu0x00;qylU:u0000(g | <input type="checkbox"/> rh _{es} | <input type="checkbox"/> wrh _{No} | Is victim/survivor going to report the incident to the police? | <input type="checkbox"/> rh _{es} | <input type="checkbox"/> wrh _{No} | yS:ySvH0HvUvH0bz0'0) | q:0je0 | Form completed by (Print Name): | Signature: |
| ySvlb0wlu0vJylz0glu0x00;qylU:u0000(g | <input type="checkbox"/> rh _{es} | <input type="checkbox"/> wrh _{No} | | | | | | | | | | |
| Is victim/survivor going to report the incident to the police? | <input type="checkbox"/> rh _{es} | <input type="checkbox"/> wrh _{No} | | | | | | | | | | |
| yS:ySvH0HvUvH0bz0'0) | q:0je0 | | | | | | | | | | | |
| Form completed by (Print Name): | Signature: | | | | | | | | | | | |

တၢ်သးလၢပလိၣ်ဘၣ်ဃးတၢ်ဂုၤလၢသန့တၢ်ကစီၣ်
CONSENT FOR RELEASE OF INFORMATION

ဂၤမၤတၢ်ဖိ ဓုတဖၣ် ဂၤသ့ၣ်အ

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.

ယ _____
()

ဟ့ၣ်တၢ်အခွဲးလၢတၢ်

ဒ်သိးတၢ်မၤစၢၤလၢယလိၣ်ဘၣ်အိၤ ကဘၣ်တၢ်ဟ့ၣ်အိၤအစီၢ်န့ၣ်ယန့ၣ်ဟ
နီၤဟ့ၣ်ဘၣ်အိၤ(ဒုးသ့ၣ်ညါဘၣ်ပုၤမၤ)လၢအလီၤအိၣ်ဝဲအသိးန့ၣ်လီၤ

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.

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

☐ _____
Community Services Agency (name)

☐ _____
Health Center (name of orgination)

☐ UNHCR (တၢ်ဒိတဒၢမူဒါခိၣ်-အစၢ)
UNHCR (Protection Officer, others)

☐ မ့ၢ်ဘၣ်ဖ _____ န့ၣ်တၢ်ကရုၤကရိၤလၢပၣ်ဃုၣ်တဖၣ်
In cases of SAE, agency involved: _____

☐ ပၤကီၢ်
Police

☐ _____
Camp / block leader, Specify name(s)

☐ တၢ်အစုအစၢ/ ပၤဖျါထီၣ်တက့ၢ်
Others, specify _____

Signature or thumb print

Witness (signature or thumb print)

Date