

INCIDENT AND RISK REPORTING FORMS

You are:

☐ Member/volunteer/representative → Which local association/district do you belong to?

☐ Employee of Save the Children

☐ Consultant/collaborator

☐ Other relationship with Save the Children

☐ Do not wish to state

Are you completing the report for someone other than yourself?

☐ Yes

☐ No

What happened/What could have happened?

Describe the event(s) or what could have happened in as much detail as possible. How was the situation perceived? Who is involved? Instead of names, use e.g. A, B and C. Has any abuse taken place? Did anyone need medical attention?

Has any immediate action been taken?

☐ Yes

If so, which ones?

☐ No

When did the incident occur?



Where did the incident occur?

Geographical location and, if applicable, the type of activity.

Are other children/adults/organisations involved and/or aware of the incident?

☐ Yes

If so, in what way?

☐ No

Have you reported the incident to anyone else?

For example, to parents, guardians, the police, social services, another organisation or other staff at Save the Children.

☐ Yes

If so, who has been contacted and how?

☐ No

CONTACT DETAILS

First name:

Surname:

Telephone number:

Email:

Place and date:

The form should be emailed to rapportera@rb.se

