



Safeguarding Incident Reporting Format

Incident reported from:

Province: _____ District: _____

Tehsil/Taluka: _____ Village/Basti/Town _____

Incident reported by (Victim):

Name: _____ S/D/W/O: _____

CNIC No. _____ Gender _____ Age _____

Date of report: _____

Phone No: _____ Email: _____

REEDS Direct program implementation staff _____ (Tick)

REEDS Local partner implementation staff _____ (Tick)

Designation of (victim/survivor):

- Program Manager
- Project Manager
- Project Coordinator
- PU Manager
- Field Facilitator
- Social Mobilizer
- Field Coordinator
- Finance Manager
- Finance Officer

- Procurement Officer
- Any Other _____

Type of incident:

- Sexual Abuse
- Sexual Exploitation
- Harassment
- Bullying
- Intimidation
- Neglect
- Discrimination
- Other _____

Description of the incident:

Date of incident: _____ Location of incident _____

Time of incident _____

Name of the person/people involved _____

Position/Role: _____

Relationship to Victim/Survivor: _____

Witness Information:

Name (if applicable): _____

Contact Information: _____

Relationship to Incident: _____

Briefly explain what happened: _____

Immediate actions taken (if any):

Additional support/resources needed:

Confidentiality:

Ensure confidentiality is maintained throughout the reporting process. Only share information with relevant personnel on a need-to-know basis.

Reported By:

[Signature] [Date]