

Report No.: _____



NYSI SAFEGUARDING FORM

Any person can request to stay anonymous and such request will be respected. However, we encourage that personal information is disclosed to enable appropriate follow up. Please complete the required information below and submit it to the Safeguarding Officer.

I wish to remain anonymous: **No** **Yes**

<p>Name of *Victim/Witness (Please check accordingly):</p> <p><input type="checkbox"/> Victim <input type="checkbox"/> Witness</p> <p>Group/Department (If not applicable, insert NA):</p>	<p>Nationality:</p> <p>Contact Number:</p> <p>Age:</p> <p>Email:</p>
<p>Reporting Officer (If not applicable, insert NA):</p>	
<p>Individual or Entity you want to report.</p> <p>Name of individual or entity:</p> <p>Organisation of the individual (if any):</p> <p>Designation of the individual (if any):</p> <p>Contact information:</p> <p>Any other person(s) involved:</p> <p>Any other information about the individual or entity (e.g. your relationship with the individual or entity):</p>	

Details about the case (Please describe the case in as much detail as possible).

Date of Incident:

Location of incident:

Details of incident (attach separate annex or evidence materials where applicable).

Please complete the following by providing facts, not interpretations:

1. Who were involved and/or present at the incident?
2. When did the incident(s) take place? (Date and time and if the incident happened repeatedly)
3. What took place during the incident(s)? (Please provide factual details and witnesses' names and contact details)
4. What are the circumstances that led to the incident(s)?
5. Who in the organization or other relevant authorities have been notified of the incident?
6. If a police report was made, please advise details of the police report on the following:
 - a. Where the report was lodged (branch name)
 - b. When it was lodged
 - c. Report reference number

<p>_____</p> <p>Name and Signature of *Victim/Witness (*Please check accordingly)</p> <p><input type="checkbox"/> Victim <input type="checkbox"/> Witness</p>	<p>_____</p> <p>Date</p>
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Official Use – Details of Safeguarding Officer Receiving this Form

Name	
Designation	
Signature and Date	

Report No.: _____



Official Use

Decision/Resolution (Attach separate pages if necessary)	
_____ Name and Signature of Officer Addressing Incident	_____ Date of Resolution
_____ Name and Signature of *Victim/Witness (*Please check accordingly) <input type="checkbox"/> Victim <input type="checkbox"/> Witness	_____ Date of Resolution
_____ Name and Signature of *Victim's/Witness's Parent/Guardian (if under the age of 18 years) (*Please check accordingly) <input type="checkbox"/> Victim <input type="checkbox"/> Witness	_____ Date of Resolution