**Annex 4: Reporting Child Protection Violations**

In case of suspected violation of the rights of a child, the Authorized Person will complete this report together with the person reporting the event. The Authorized person will immediately (on the day when the event was reported) inform the Child Protection Policy Manager. When warranted by the seriousness of the situation, the procedure can be reversed – the Child Protection Policy Manager informed first, and report completed afterwards. Please fill in this report also in case you want to report an accident. An accident is seen as an unplanned and unforeseen situation which caused injury or could cause injury or harm to property, or contamination of the environment.

In order to ensure privacy protection, please sign this declaration without introducing anyone else other than the Authorized person or DD’s Child Protection Policy Manager who will securely locate this report at a safe place.

**Information about the person reporting the violation:**

Name:.............................................................................................................................

Job/title:..........................................................................................................................

Your organisation:..........................................................................................................

Relationship to the child:...............................................................................................................................

Contact:..........................................................................................................................

Phone:............................................................................................................................

E-mail:................................................................................................................................

**2. Information about the child:**

Name:............................................................................................................................

Gender:..........................................................................................................................

Age:................................................................................................................................

Address:.........................................................................................................................

Parent / legal representative:................................................................................................................

Has treatment been provided to the child? By whom?......................................................................

Has the child been admitted to hospital? YES NO

If so, where?............................................................................................................

**3.3 Information about concern or incident**

Is it (mark as appropriate):

* a child protection/safety concern?
* an incident you witnessed?
* an incident disclosed by a third person?

If you were informed by another person, please indicate the relationship between said person and the child:

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What has happened? What happened? Please describe the circumstances (where/when/who) and causes (why/how) of the incident:

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Please make a clear distinction between the facts and your assumptions, observations, etc. (e.g. child’s emotional state, his/her injuries, etc.).

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If relevant, please state whether the child or another person has told you anything else about the case and, if so, what was your reaction (please do not lead the child, make sure you only record the actual statement of the child).

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Date, time and place of the alleged incident:

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Name of the alleged perpetrator (if applicable):

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Have there been other children or persons present during or involved in the incident?

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Are any other children at risk of harm?

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What was your reaction and what have you done (person reporting the incident)?

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Signature:....................................................... Date:.............................................

**To be completed by DD’s Child Protection Policy Manager:**

Was the accident/incident investigated?: YES NO

Is the written investigation report necessary: YES NO

In order to determine the cause of the accident/incident, it may be appropriate to interview parties who were involved.

Please, provide information about witnesses, their statements and any other additional information:

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