

**MALPRACTICE INCIDENT REPORTING FORM**

Report through EthicsPoint (<https://aphrc.ethicspoint.com>) if the matter is not urgent.

If urgent, report to APHRC’s Safeguarding Manager. If by email ([safeguarding@aphrc.org](mailto:safeguarding@aphrc.org)) use the email subject: ‘URGENT: Attention, please treat this email confidentially’

This form is for reporting safeguarding concerns, including potential violations of APHRC’S Safeguarding Policy. The information in this form is confidential. Please provide as much information as possible. Areas where you have nothing to report should be left blank.

**Part One: About You**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Your role in (APHRC or partner organization):  
\_\_\_\_\_

Details of any other organization involved:  
\_\_\_\_\_

Your relationship to the child, young person or adult concerned:  
\_\_\_\_\_  
\_\_\_\_\_

**Part Two: About the Child/Adult**

Name(s): \_\_\_\_\_

Male/female: \_\_\_\_\_ Age: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a child, whom does he/she live with?:  
\_\_\_\_\_

**Part Three: About Your Concern**

How did you come to have a concern: was abuse or policy non-compliance observed or suspected?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Was an allegation made?

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Did a child, young person or adult disclose abuse?

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Date, time and place of any incident(s) reported to you:

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Nature of concern/allegation:

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Observations made by you (e.g. child/person's emotional state, any physical evidence)

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Write down exactly what the child or person making a report said and what you said (or another informant said): continue on a separate sheet of paper if necessary.



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Action taken (if any):

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Any other comment:

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I understand that in making this report APHRC may have to inform other authorities, in a confidential manner and only if necessary for the safety of the child, adult, the staff member, or the organization, or to meet obligations to donors or under national law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Note: Please remember that all information contained in this report must be kept confidential and must not be revealed to anyone except the person you reported to. You will be informed of next actions that will be taken

Signed: \_\_\_\_\_ Date:

\_\_\_\_\_