

This form must be completed and signed when any concern of violation of MAP's safeguarding policy is raised, and submitted to the DSR without delay.

Annexure 3

Safeguarding Incident Report Form

Name of report writer	
Date	
Name of the person making the disclosure (if different)	
Names of any others present/witnesses	
Date and time of the incident	
Location and context of the incident (if specific programme, activity, etc)	
Nature of allegation (including factual record of conversation with the victim/person reporting the cause for concern)	
Any next steps agreed (if relevant)	
Signature and name of report writer	
Signature and name of DSR	