

## Appendix A: Report Form

### Complaints Handling Policy and Procedures on Safeguarding Concerns

#### Instructions

Any suspicion or concern of abuse or exploitation of a child or an adult involving the FABC staff<sup>1</sup> and beneficiaries<sup>2</sup> must be reported as required in the FABC Complaint Handling Policy and Procedure and Children and Vulnerable Adults Safeguarding Policy. If you are unable to complete all of the sections, fill in what you do know. If there is more than one victim, please complete a separate report for each victim. The reporter's identity will not be disclosed except on a "need-to-know" basis. If the reporter believes danger is imminent to themselves or anyone involved, you should alert the FABC *Safeguarding Office/Consultant* at once, [safeguarding@fabc.org](mailto:safeguarding@fabc.org). The FABC is committed to addressing and responding to all reports.

If an immediate threat to life exists or if emergency assistance is needed, please contact your local authorities and alert local senior management at once. The purpose of this Report Form is to report any suspicious activity of abuse or exploitation for the FABC to assess and determine next course.

#### REPORTED BY:

Does the **Reporter** wish to be identified?

Yes       No

#### If yes, Reporter name and contact information

First Name \_\_\_\_\_

M. Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Phone Number *Include the area code or country code*

*Preferred* \_\_\_\_\_

*Alternative* \_\_\_\_\_

Email: \_\_\_\_\_

Name of  
Organization \_\_\_\_\_

Job Title \_\_\_\_\_

<sup>1</sup> Staff refers to the Central Secretariat in Bangkok, all Office bishops, secretaries, and other volunteers who would be involved during a workshop, seminar or conference including the consultants or speakers.

<sup>2</sup> Beneficiaries refer to all who attend FABC events, including the bishops, clergy, religious and lay faithful.

**VICTIM:**

Is the victim a child or an adult?

Child  Adult

**Victim Identity:**

First Name \_\_\_\_\_

M. Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Nick Name \_\_\_\_\_

Unknown  (If you are unable to provide the victim's identity, check Unknown.)  
Approximate age \_\_\_\_\_ Gender \_\_\_\_\_

*Child refers to all persons under the age of 18*  
Provide any additional information

**Caregiver/Guardian/Relative:**

First Name \_\_\_\_\_

M. Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Unknown   
(If you are unable to provide the caregiver/Guardian/Relative's identity, check Unknown.)

Phone Number *Include the area code or country code*

Preferred \_\_\_\_\_

Alternative \_\_\_\_\_

Physical Address \_\_\_\_\_  
(Include: name of village, street name, city, house, building)

Approximate age \_\_\_\_\_ Gender \_\_\_\_\_

**INCIDENT DETAILS** Type of Incident:

(Check all that apply)

- Sexual Abuse (e.g., fondling, kissing, non-contact sexual activity, rape)
- Exploitation (e.g. sex trafficking, forced prostitution, survival sex, child labor)
- Emotional Abuse (e.g. intimidation, threats, humiliation, bullying)
- Physical Abuse (e.g. hitting, kicking, shaking)

Other (Define other)

**Location:**

Country \_\_\_\_\_

Physical Address \_\_\_\_\_  
*(Include: name of village, street name, city, house, building)*

**Dates:**

Approximate Date of Incident: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Date Reported: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

**Physical and Emotional State:**

Physical and Emotional state of victim *(Check all that apply)*

Cuts, bruises, welts, scratches

Behavioral changes (e.g., angry, crying, acting out, withdrawn, sudden illness)

Other

Please further describe the physical and emotional state of the victim.

**Impairment or Disability:**

Does the victim have a physical impairment or disability?

Yes  No  Do Not Know

If yes, describe the impairment or disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Become Aware:**

How did the reporter become aware of this incident?

Witnessed it  Other (Define other)

\_\_\_\_\_  
\_\_\_\_\_

**Safety of Victim:**

Was the victim in immediate danger prior to completing this form?  Yes  No

Were the proper authorities and senior management contacted (as appropriate)?  Yes  
 No

Please provide any additional information.

**SUSPECT:**

First Name \_\_\_\_\_

\_\_\_\_\_

M. Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Unknown  (If you are unable to provide the respondent's identity, check Unknown.)

Phone Number Include the area code or country code Unknown Phone Number

Preferred \_\_\_\_\_

Email \_\_\_\_\_

Physical Address \_\_\_\_\_

(Include: name of village, street name, city, house, building)

Unknown Email

Unknown Address

Approximate age \_\_\_\_\_ Gender \_\_\_\_\_

Name of Organization \_\_\_\_\_

Job Title \_\_\_\_\_

Physical Description of Respondent:

**MORE INFORMATION:**

Are there any other persons with more information?  Yes  No

If yes, provide details: