

to answer the following questions:

HEALTH POVERTY ACTION PPSPP INCIDENT REPORT FORM

If you have knowledge of an incident that has occurred that is against the Participant Protection Code of Conduct, or that a participant's safety might be in danger, please complete this form to the best of your knowledge as promptly as possible. The rest of the information can be filled out later. Please note for confidentiality reasons, the report should be written and signed solely by you. It will be held in a secure location and will be treated in the strictest confidence.

Your name
Your job title
Your e-mail address and/or telephone number
Name of alleged perpetrator
Name of participant(s)/victim(s) against whom the incident occurred
Gender of participant MALE / FEMALE
Age of participant (only complete for adult if age is related to his/her vulnerability)
Address of participant
Guardians / carers of participant (if a child)
Date, time of alleged incident
Location of alleged incident
Please describe the nature of the allegation below (and on a senarate page if required). Try



Was the abuse observed, suspected or divulged to you by another party? What was/is the participant's physical and emotional state? Has the participant said anything to you, and how did you respond? Were there any other people involved? What response have you taken, if any, to the alleged incident? Which other parties, if any, are also aware of the alleged incident? Details of other staff members and community members who can verify the incident