



## Sexual Exploitation Abuse and Harassment - Incident Report Form

<b>1</b>	<b>File Name</b>	Sexual Exploitation Abuse and Harassment - Incident Report Form
<b>2</b>	<b>Area of responsibility</b>	Human Resources
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<b>5</b>	<b>Author</b>	Business Development Manager

**Please read the below instructions carefully:**

### **What is this form for?**

This form is for reporting any alleged or confirmed incidents of sexual exploitation, abuse and harassment (SEAH) that occur in relation to This Life’s programs, activities, staff, volunteers, partners, beneficiaries, or stakeholders. This form is used in accordance with This Life’s PSEAH policy and procedures, which align with DFAT’s PSEAH minimum standards.

This form should be completed and submitted to [hr@thislife.ngo](mailto:hr@thislife.ngo) (or [billy@thislife.ngo](mailto:billy@thislife.ngo) where the reports concern a member of the Human Resources team) within 24 hours of becoming aware of the incident.

The information provided in this form will be treated confidentially and sensitively, and will only be shared with relevant persons on a need-to-know basis.

The privacy and safety of the victim/survivor, the reporter, and the alleged perpetrator will be respected and protected.

### **Who should complete this form?**

This form can be completed by anyone who has witnessed, experienced, or received information about a SEAH incident involving This Life or its partners. This includes staff, volunteers, partners, beneficiaries, stakeholders, or members of the public.

### **How to complete this form?**

Please fill in as much information as possible in the sections below. If you do not know or cannot provide some information, please write “unknown” or “not applicable”. Do not include any names or identifying details of the individuals involved in the incident, unless you have their consent. Use codes or initials instead of names.

If you need any assistance or support in completing this form, please contact [hr@thislife.ngo](mailto:hr@thislife.ngo)

### Section 1: Reporter's details

Name or code (if anonymous):	
Role or relationship to This Life:	
Contact details (email, phone, address):	
Date and time of reporting:	

### Section 2: Incident details

Date and time of incident:	
Location of incident:	
Description of incident: (what happened, who was involved, how did it happen, etc.):	
Type of SEAH: (sexual exploitation, sexual abuse, sexual harassment):	
Impact of SEAH on victim/survivor: (physical, psychological, social, etc.)	

### Section 3: Victim/survivor's details

Name or code (if anonymous):	
Age or age range:	
Gender:	
Role or relationship to This Life:	

Contact details (email, phone, address):	
Consent given to report the incident (yes/no):	
Support or assistance requested or provided (medical, legal, psychosocial, etc.):	

#### Section 4: Alleged perpetrator's details

Name or code (if anonymous):	
Age or age range:	
Gender:	
Role or relationship to This Life:	
Contact details (email, phone, address):	

#### Section 5: Action taken

Action taken by reporter (e.g., informed HR, ED, SL referred victim/survivor to support services, etc.):	
Action taken by HR, DSS, ED (e.g., acknowledged receipt of report, initiated investigation process, notified senior management or donor, etc.):	
Action taken by other parties (e.g., police, health authorities, partner organizations, etc.):	

#### Section 6: Additional information

- Any other information that may be relevant to the incident or the reporting process

**Section 7: Declaration**

I declare that the information provided in this form is true and accurate to the best of my knowledge and belief. I understand that providing false or misleading information may result in disciplinary action or legal consequences.

Signature or code of reporter:

Date: