#### CISV Incident Report Form

To be used when an incident occurs at a CISV international programme. Not every incident will require full reporting. Examples of situations to report are those requiring medical (including psychological) attention, those involving criminal behaviour as well as violations of CISV guidelines on Behaviour and Cultural Sensitivity where consequences have been imposed. Although generally, it will be up to a Programme Director or Leader to do so, an Incident Report Form can be filled in and submitted by anyone who feels there is a matter that should be reported. It should be sent in confidence to the host NA/Chapter Risk Manager, with a copy to the International Office (address above) for the attention of the Secretary General. All related documentation should be attached. The form can be sent by e-mail.

*The International Office will forward this report as needed to the relevant International Committees and, upon request, to relevant the National Associations.*

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| **For the confidential attention of** (Local/National Risk Manager,with a*copy to Secretary General, CISV International Ltd)* |  |
| **Host National Association** |  |
| **Programme and reference number** |  |
| **Programme Director** |  |
| **Date of incident** |  |

**CONTACT DETAILS OF PERSON SUBMITTING THIS FORM:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position in the CISV Programme |  | | | | |
| Given Name |  | | | | |
| **Surname** |  | | | | |
| **Number & Street** |  | | | | |
| **Town / City** |  | | | | |
| **Area / State / Province** |  | | | | |
| Country |  | | Postcode / Zip code | |  |
|  | **Country Code** | **Area Code** | | **Local Number** | |
| **Tel** |  |  | |  | |
| **Fax** |  |  | |  | |
| **Mobile Number** |  |  | |  | |
| **E mail** |  | | | | |

**INCIDENT DETAILS**

##### People Involved

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names of CISV People Involved** | **Their NA / PA** | **Their Chapter** | **Role** *(participant, leader, staff etc)* | **Name of Parent / Guardian if a child** |
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|  |  |  |  |  |
| Names of non-CISV People Involved |  |  |  |  |
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| **If a child was involved, was the Parent/Guardian contacted at the time?** (Yes or no, plus any relevant details) |
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| Who in CISV was contacted at the time? (Chapter/NA Risk Manager, Host/Sending NA, International Committee, IO) |
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##### Description of Situation

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Was this incident** (please tick applicable boxes) | Medical |  | Training |  | Behaviour |  | Criminal |  | Other |  |

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| Please describe the incident in detail using additional sheets if necessary (please put your name and programme reference number on any attached sheets): |
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| Action taken at the time and any follow-up: |
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If this was a medical incident:

|  |  |
| --- | --- |
| Where was it treated? |  |
| **Name of attending physician** |  |
| **Medicine prescribed** |  |
| **Follow-up treatment, if any** |  |
| *Please attach any official medical reports, health forms available* | |

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| Was this a situation where Police or other Authorities were involved? (yes or no and relevant details) |
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| If yes, is there an official Police or civil report available? (If yes, please attach it or explain why not) |
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| Was the media present? If so, which ones and who from CISV spoke with them? |
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| --- | --- | --- | --- |
| **Signature of person submitting this form** |  |  | **(Day / Month / Year)** |
|  |  |