#### CISV Incident Report Form

This form is to be used when an incident occurs at a CISV international programme or event. Not every incident will require full reporting. Examples of situations to report include those:

* requiring medical (including psychological) attention;
* where an insurance is activated;
* regarding violations of CISV rules where consequences have been imposed;
* where there are significant concerns about the campsite or basic health and safety of the programme.

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 must be sent **in confidence** to [incident.report.form@cisv.org](mailto:incident.report.form@cisv.org) (which will go to the International Risk Manager and the Administrative Coordinators at the International Office, and be shared with the Regional Risk Managers). We recommend you also send a copy **in confidence** to the Risk Manager of the hosting chapter. All related documentation should be attached.

Remember that you should also generally attempt to resolve any issues or conflicts locally, and that most incident report forms will be to report the conclusion of how things were resolved.

The International Office will forward this report to relevant National Associations upon request.

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| **For the confidential attention of** (e.g Chapter/National Risk Manager,International Risk Manager)  **NB:** List everyone you are sending this IRF to. |  |
| **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** |  |  | |  | |
| **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/National 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 |  | 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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When there is a need to indicate where on the body a person received an injury, please complete and attach an [Incident Report Form Appendix - Body Chart](http://www.cisv.org/assets/Incident_Report_Form_Appendix_Body_Chart). The body chart must be completed by hand; it can then be scanned and emailed.

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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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| --- | --- |
| **Date of submission** | **(Day / Month / Year)** |
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