

Form for reporting suspected cases of child abuse or maltreatment

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For Kindernothilfe's Child Protection Officers

E-Mail:

Attention: Please treat this e-mail confidentially

The information contained in this form is confidential. This form is for reporting concerns about potential violations of Kindernothilfe's Child Protection Policy and Code of Conduct. It should only be sent to Kindernothilfe's Child Protection Officer(s) or the Child Protection Ombudsman.

Please try to provide as much information as possible in the form. Areas where you have nothing to report can be left blank.

If you have any doubt whether you should report your concerns, the following check list may help you to make a decision:

What situation are you concerned about?

- | | | |
|--|------------------------------|-----------------------------|
| Did you witness child abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you suspect someone of child abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has someone been accused of child abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has someone reported child abuse to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your concern relate to one of the following categories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you believe that a child may have been neglected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you believe that a child has been mentally abused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you believe that a child has been emotionally abused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you believe that a child has been sexually abused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Your concern is founded if you answered yes to any of these questions. You have a duty to report your concern with this form. Do not delay, a child could be at risk or in serious danger if you do not act.

Information about you

Name:

Position at Kindernothilfe or relationship to Kindernothilfe:

Contact information:

Address:

Telephone:

Mobile:

Fax:

E-Mail:

What is your relationship to the child or young person?

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Information about the child

(if other children are affected, please fill out a separate form for each)

Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality:	Date of birth:	
Age:	Project:	
Type of sponsorship/relationship to the project:		
Relationship to the potential abuser:		
Address of the child (or information about the person with whom the child lives):		
Current location of the child:		
What measures have been instituted for the child's safety at present?		
What measures have been instituted to ensure that the abuse cannot continue?		
What measures are necessary to protect the child?		
Is the child particularly vulnerable?		
Is the child disabled?	Does the child have any cognitive disabilities?	
Has the child been repeatedly abused?		
Has the child been traumatised?		
Special cultural factors that need to be taken into consideration:		
Other information:		

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What relevant bodies have been informed?

Please describe the date and time contact was made, the name of the person with whom you spoke and what you talked about.

Information about the potential abuser

Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality:	Date of birth/age:	
Description of the potential abuser:		
Suspected abuser's relationship to the child:		
Suspected abuser's relationship to Kindernothilfe:		
Relationship to the project that is being sponsored by Kindernothilfe:		

Information about your concern

Type of concern/suspicion (please describe the type of abuse or mistreatment, who reported it, circumstances of the abuse and course of events):	
Location of abuse:	Time of abuse:
Date:	Time:
Witnesses:	

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Conversation report (please describe exactly what the child said in his or her own words and what you said. Please do not direct the conversation with leading questions, report exactly what the child said):

Observations (such as injuries, how the child looked, fear, etc.):

How did the suspected individual respond to the allegations?

What other steps have you taken? What other measures have you initiated?

Location:

Date:

Signature: