CHILD PROTECTION INCIDENT REPORT FORM

AUSTRIAN DOCTORS
THE JOY OF HELPING

Email this form within 24 hours after making a verbal report to
office@austrian-doctors.at

Date of Report:	Country:	
Reported by:		
Your name:	Your position:	
Your phone numbers:	Your email address:	
Person being protected (the victim)		
Family Name:	First Name:	
Date of Birth:	Gender:	Nationality:
Address and Contact Details:		
Who does the child live with?		
Are any other children involved?		
Person who caused the problem (the offender)		
Family Name:	First Name:	
Age:	Gender:	Nationality:
Address and contact details:		
Does this person work for the Austrian Doctors?		
What is this person's relationship with the child?		
If there are two or more people who caused the problem, please add details at the end of this report		
Facts (details of the incident/report)		
Date of the incident:	Time of the incident:	Location of the incident:
How did you become aware of the incident? ☐ I witnessed it ☐ Other staff member told me ☐ Victim told me ☐ Other (specify)		
Were there any other witnesses to the incident? Yes ☐ No ☐ If yes, please provide name, position, and contact details:		
Please describe the specific child-abuse incident:		
Protection		
What immediate action has been taken to protect the child?		