



MINISTRY OF GENDER LABOUR AND SOCIAL DEVELOPMENT
Gender Based Violence Incident Report Form

Instructions:

- * This form must be filled out by a service provider (case manager, health practitioner or social worker). An additional page may be added, if needed, for useful narrative information.
- * Before beginning the interview, please be sure to remind your client that all information given will be kept confidential. Explain the purpose of collecting this information and explain that s/he may choose not to answer any of the questions being asked.

Section I: General information		
Case Number*: ____/____/____/____ GBV/00/00/0000	District: _____ Sub County/Division: _____ Parish/Ward: _____ Village/Cell: _____	Date of Interview: ____/____/____ Time: _____ (24hr)
Previous Incident Numbers for this Client (if any): ____/____/____; ____/____/____; ____/____/____; ____/____/____		
Was this client referred to you from somewhere or by someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, from which service provider or by who?		

Survivor Information			
Names*:	Age*:	Date of Birth:	Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female
Physical Address/Location:	Tribe/Ethnic group:	Nationality:	Occupation:
No. of Children:	Ages:	Head of family (self Or name, relationship to survivor):	
Religion:	Education:	Marital Status:	
If survivor is a child, name of Caregiver:		Relationship:	
Is the survivor disabled?			

The Incident		
Location*:	Date*:	Time of day:
Description of the incident (summarise circumstances, what exactly occurred)*:		
Type of the Incident:		
<input type="checkbox"/> Rape (includes gang rape, marital rape)		
<input type="checkbox"/> Sexual Assault (includes attempted rape and all sexual violence/abuse without penetration)		
<input type="checkbox"/> Physical Assault (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)		
<input type="checkbox"/> Forced Marriage (includes early marriage)		
<input type="checkbox"/> Denial of Resources, opportunities & services		
<input type="checkbox"/> Psychological Abuse		

<input type="checkbox"/> Female Genital Cutting / Mutilation
<input type="checkbox"/> Other GBV (specify) _____
Incident reported by: <input type="checkbox"/> Survivor <input type="checkbox"/> Other (specify): _____
Was the client referred to the recipient? : <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, by who?

Perpetrator Information				
Names*:	No. of perpetrator(s):	Age (estimate):	Yr. of Birth:	Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female
Physical Address/Location:	Tribe/Ethnic group:	Nationality:	Occupation:	Education:
Relationship to victim*:	Marital Status:	Religion:		
If perpetrator unknown, describe him/her (height, age, complexion e.t.c):				
Current location of perpetrator, if known: _____				
Is perpetrator a continuing threat: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Witnesses (if any)				
Describe presence of any witness (including children):				
Names and addresses:				

Action Taken – any action already taken as of the date this form is completed		
Reported to*:	Date Reported*:	Action Taken/Not taken (why)*:
Police:		
Legal service centre:		
Livelihoods Program:		
Local Council Officials (LC's):		
Safe Shelter		

Health Care:		
Other Care (Specify):		

Referral Monitoring		
Referred to*:	Date referred*:	Not referred (why)*:
Police:		
Legal service centre		
Livelihoods Program		
Local Council Officials (LC's):		
Safe shelter		
Health Centre		
Other care (Specify)		

More Action Taken and Planned Action – as of the date this form is completed		
Physical security needs assessment and immediate safety plan:		
Has the victim/survivor received any kind of counseling-if yes, by who*?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, by _____		
Is victim/survivor going to report the incident to police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is she/he seeking action by elders' tribunal/traditional court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What follow-up will be done by the GBV service provider/social worker?		
Form completed by (names)*:	Designation*:	Signature (and Stamp), Place name