Serious complaint/safeguarding reporting form সেফগার্ডিং রিপোর্টিং ফর্ম

Use this form to record a safeguarding concern relating to a child, an at-risk adult, a community member or a member of staff.

In an emergency, do not delay in informing the necessary people and services. All information must be treated as confidential and reported to the designated Safeguarding Officer or a Safeguarding Focal Point within 72 hours.

Complete the form at the time of disclosure or immediately afterwards, once all necessary emergency actions have been taken. Complete it as fully as you can, but do not delay sending it because some information is missing. Record facts only, not opinions.

1	**Your details — the person completing this form (**আপনার বিবরণ**)**
Name (নাম)	
Position (পদবি)	
Office / project	
Telephone (টেলিফোন)	
Email (ইমেইল)	
Date and time of this report	

2	**Details of the person affected (**আক্রান্ত ব্যক্তির বিবরণ**)**
Name (নাম)	
Age and sex	
Is the person under 18?	Yes / No / Not known
Address (ঠিকানা)	
Telephone / Email	
Relationship to ANANDO	Staff / volunteer / participant / community member / partner staff / other

3	**Details of the person the concern is about**
Name and position	
Organisation	

Do they have ongoing contact with the person affected?	Yes / No / Not known

4	**Details of the incident — describe in detail, using facts only (**ঘটনার বিশদ বিবরণ**)**

Date, time and location of the incident:

What happened (use the person's own words where they spoke to you):

5	**Other present or potential witnesses (**অন্যান্য সাক্ষী**)**		
Name (নাম**)**		**Telephone**	**Address / how to contact**

6	**Immediate risk and action already taken**
Is the person affected safe now?	Yes / No — if no, explain
Has medical help been sought?	Yes / No
Have the police or another authority been informed?	Yes / No — give details
Does the person affected know this report is being made?	Yes / No

Other action taken	

7	**Additional relevant information (**অতিরিক্ত প্রাসঙ্গিক তথ্য**)**
screenshots, links, URL, scanned documents or any other information.	

I have completed this form and provided information that is factual and does not contain my own views or opinions on the matter.

আমি এই ফর্মটি পূরণ করেছি এবং এমন তথ্য প্রদান করেছি যা বাস্তবসম্মত এবং এই বিষয়ে আমার নিজস্ব মতামত নেই।

Print name (নাম**)**	**Signature (**স্বাক্ষর**)**	**Date (**তারিখ**)**

For office use only — Safeguarding Officer
Date received: Case reference:
Acknowledged to reporter on: Risk assessment completed on:
Initial assessment decision:
Referred to (police / DSS / donor / other):