**Safeguarding Concern Reporting Form**

If you have a concern, suspicion, or know or have witnessed an incident of abuse, exploitation, bullying and harassment to a child or adult/older person at risk of harm perpetrated by anyone associated to HelpAge Programs or operations, please let us know without fear of reprisal.

You can raise your concern through the following confidential mechanisms.

Email: [concerns@helpage.org](mailto:concerns@helpage.org)

HelpAge representatives/staff who witnesses or is informed of any potential breach of the Safeguarding policy must report your concern to your safeguarding focal point or using the above mechanisms. Please complete the form below confidentially within 24 hours. The form should then be emailed to [concerns@helpage.org](mailto:concerns@helpage.org)

**Section A:** Reporters Details

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| --- |
| Details of the person reporting a concern: Your Information |

*Please share your details to be kept up to date.*

*You can also choose to remain anonymous by selecting the option/ not including your name. (Please note that if there is no enough information and contact details to obtain additional information, this may impact on HelpAge’s ability to fully investigate.*

First Name:

Last Name:

Best method of contact:

Telephone:

Email:

In person:

Other:

Position (For HelpAge Representative):

**Section B**: **Incident Details**

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| --- |
| 1. The person / persons the complaint/ incident is about (Perpetrator)? |

Full Name:

Position:

Current location:

Other details:

Other people involved:

|  |
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| b. Who is the incident/ concern happening to (survivor/ victim)? |

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| c. What happened? Or what do you suspect has happened? |

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| --- |
| d. When or during what duration did the incident occur? |

|  |
| --- |
| e. Is the concern about abuse of child, abuse of an older person or exploitation, bullying or harassment? |

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| --- |
| f. if you need support, please let us know how we can help you? |

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| --- |
| g. How did you find out about the incident? |

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| --- |
| h. Who else knows about this incident? |

|  |
| --- |
| 1. How long have you known about the incident? |

|  |
| --- |
| j. Are you connected to HelpAge in some way. Choose one |

* No
* I prefer not to say
* Employee
* Contractor/ Consultant
* Intern
* Donor
* Volunteer
* Beneficiary/ project participant
* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| K. Any other information you would wish to share. |

Signed: Date:

**Section B:** Data Protection

In this form we will collect a range of personal information e.g. Names, Addresses, Age, location. Some of this information may be sensitive data.

The personal information we process is provided to us by you directly.

We use this data to manage safeguarding concerns using a survivor centred approach to case management. The basis for processing this data is a Legal obligation.

Where appropriate, we may share some/ all of this information with other organizations including members of the Misconduct Disclosure Scheme, authorities and the charity regulators.

**How we store your information**

Your information is securely stored on HAI SharePoint in a restricted area and can be shared internationally with other HelpAge Offices as appropriate on a need-to-know basis– including the UK.

We keep your personal identifiable information for [10 years]; upon which we will delete or securely dispose of the data.

**Section C:**

**Physical form to be completed by the Designated Safeguarding (Focal Point) if supporting a reporter:**

* Any Actions taken:
* Is there immediate risk or threat of harm to the reporter/ survivor?

Date………………………………………….

Full Name………………………………………...

Email completed form to: [concerns@helpage.org](mailto:concerns@helpage.org)