

## FORM FOR REPORTING SUSPICIONS, CONCERNS AND INCIDENTS

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. THEY WILL BE USED TO REPORT SUSPECTED ABUSE AS WELL AS CONCERNS/ISSUES AND INCIDENTS, ACCORDING TO THE CHILD AND ADOLESCENT PROTECTION POLICY ADOPTED AND IN FORCE AT PAVEMENT PROJECT. THE INFORMATION WILL BE SENT TO THE GUARDIANS OF PAVEMENT PROJECT CHILD SAFEGUARDING POLICY. THEY WILL BE STORED IN A SECURE PLACE IN ACCORDANCE WITH DATA PROTECTION CRITERIA.

You should fill out this form as completely as possible. Please leave any areas you don't know all about blank. If you are concerned about a behaviour you've observed, please clarify. Leave Part 1 blank if you wish to make this report anonymously.

Deposit this form at the Pavement Project office at Rua Uruguai, no.514, sala 201, Tijuca, Rio de Janeiro, or send it by post, labelling it "Confidential" on the envelope, or send it scanned to [protecaoinfantil@projetocalcada.org.br](mailto:protecaoinfantil@projetocalcada.org.br) or hand it to the Regional Executive Director, Cleisse Denise F. Andrade, or the Guardian of the Protection Policy, Clenir T. Xavier dos Santos.

<b>Part 1 – About you</b>
Your name (if not anonymous):
Your relationship with the child or adolescent:
<b>Part 2 – About the child(ren)</b>
Name of child/adolescent:
Gender: <input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Other
<b>Address of the child/adolescent:</b>
<b>Who the child/adolescent lives with:</b>

Date of birth/age of child/adolescent:

Part 3 – About your restlessness

**How did your concern arise?**

- Do you have any suspicions or evidence of abuse?
- Has there been a report of abuse?
- Has the child/adolescent disclosed having been abused?

Date(s), time(s), and place(s) of any incident(s):

Nature of the concern/suspicion:

**Observations made by you (e.g. description of a visible bruise, other wounds, the emotional state of the child or adolescent, etc.)**

*Note - Please clearly distinguish between a fact, an opinion or a rumour.*

**Quote precisely what the child/adolescent said and also what you said:**

*Note - Please do not direct the child/adolescent's speech. Take note of the accurate details. Continue on another sheet if necessary.*

**Any other information:**

Does the child/adolescent have a disability? Do they have any communication or learning difficulties?

**Were any other child(ren) or adolescent(s) involved?**

**External organisations you have contacted (if applicable) - date, time and name of the person or any advice you have received.**

**Action taken:**

Signature (if not anonymous): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_