

## 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 <a href="mailto:protecaoinfantil@projetocalcada.org.br">projetocalcada.org.br</a> or hand it to the Regional Executive Director, Cleisse Denise F. Andrade, or the Guardian of the Protection Policy, Clenir T. Xavier dos Santos.

Part 1 – Abou you
Your name (if not anonymous):
Click or tap here to write text.
Your relationship with the child or adolescent:
Click or tap here to write text.
Part 2 – About the child(ren)
Name of child/adolescent:
Click or tap here to write text.
Gender:
□ Girl
☐ Boy ☐ Other
Address of the child/adolescent:
Click or tap here to write text.
Who the child/adolescent lives with:
Click or tap here to write text.

Date of birth/age of child/adolescent:
Click or tap here to write text.
Part 3 – About your restlessness
<ul> <li>How did your concern arise?</li> <li>Do you have any suspicions or evidence of abuse?</li> <li>Has there been a report of abuse?</li> <li>Has the child/adolescent disclosed having been abused?</li> </ul>
Click or tap here to write text.
Date(s), time(s), and place(s) of any incident(s):
Click or tap here to write text.
Nature of the concern/suspicion:
Click or tap here to write text.
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.
Click or tap here to write text.
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.
Click or tap here to write text.
Any other information:  Does the child/adolescent have a disability? Do they have any communication or learning difficulties?
Click or tap here to write text.
Were any other child(ren) or adolescent(s) involved?
Click or tap here to write text.
External organisations you have contacted (if applicable) - date, time and name of the person or any advice you have received.
Click or tap here to write text.





Action taken:	
Click or tap here to write text.	
Signature (if not anonymous):	_
Date: dd/mm/yyyy	
Time: Enter time and minutes	