ABV – PSEAH Incident Notification Form

Confidential

This reporting form may be used by ABV personnel (staff, volunteers, contractors, consultants) as well as other stakeholders, including community members, partner organisations, program participants, or any individual wishing to report a safeguarding concern. Informed consent of the victim-survivor prior to sharing any identifying information must be obtained before making a report.

Please complete this form with as much detail as possible. However, partially completed forms will still be accepted and reviewed, and should be submitted even where full information is not available at the time. No report will be disregarded solely because it is incomplete.

The form is intended for reporting concerns relating to protection from sexual exploitation, abuse and harassment and must be submitted directly to the ABV CEO and Focal Lead at welfare@abv.org.au. All information shared through this form will be handled confidentially and strictly on a need-to-know basis.

ABV collects and uses your personal information to assist in maintaining safe environments for vulnerable individuals during the delivery of its business activities. ABV may contact you regarding the information you have provided. ABV may also disclose relevant information to regulators and/or law enforcement agencies so that any threat to a survivors' welfare, or wellbeing can be appropriately investigated.

Section	**Details**
1. **Reporter Details**	
Name or code (if anonymous):	
Role/relationship to ABV:	
Contact details (email/phone):	
Date and time of reporting:	
2. **Incident Details**	
Date and time of incident:	
Location (country, city/town, project site):	
Description of incident:	
Type of SEAH[1]:	Sexual Exploitation / Sexual Abuse / Sexual Harassment
Immediate safety concerns:	

[1] **Sexual Abuse**: The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
Sexual Exploitation: any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes. It includes profiting monetarily, socially, or politically from sexual exploitation of another.
Sexual Harassment: Unwanted physical, verbal or non-verbal conduct of a sexual nature that can include indecent remarks or sexual demands.

Actions already taken:	
3. **Victim/Survivor Details**	
Name or code [do not identify unless consent is obtained]:	
Age or age range:	
Gender:	
Relationship to ABV:	
Consent to report (Yes/No/Unknown):	
Support provided/requested:	
4. **Alleged Perpetrator Details**	
Name or code:	
Age or age range:	
Gender:	
Relationship to ABV:	
5. **Witness Details (if applicable)**	
Name(s) or codes:	
Contact (if appropriate):	
Witness account:	
6. Additional Context	
Relevant contextual information:	
Ongoing risks to others:	
8. **Declaration**	
Reporter name:	
Signature (electronic or handwritten, where available; typed name accepted where a signature is not possible)	
Date:	
Submission Instruction: Submit to CEO and Focal Lead at welfare@abv.org.au. For urgent safety issues, contact local emergency services immediately.	

Confidentiality Statement: Information will be shared only on a need-to-know basis in line with ABV's Privacy Policy. Where possible, the victim/survivor should be de-identified unless consent is obtained to report, consistent with a survivor-centered approach.