



EUROPEAN CENTRE FOR MINORITY ISSUES KOSOVO

Personnel Member Details:

Name: _____

Position: _____ Relationship with ECMI Kosovo: _____

Supervisor: _____

Contact Details: _____

Survivor Details:

Name: _____

Sex: _____ Age: _____

Nationality: _____

Village/Town: _____

Municipality/District: _____

Governorate/Region: _____

Country: _____

**Parent/Legal Guardian/Caregiver Details (only
if the survivor is a child):**

Name: _____

Sex: _____ Age: _____

Nationality: _____

Relationship with the survivor: _____

Village/Town: _____

Municipality/District: _____

Governorate/Region: _____

Country: _____

Incident Details (please identify whether it is an actual incident or a suspected incident):

Has the incident been seen or is the incident suspected? _____

Who disclosed the incident to you? _____

Date of the alleged incident: _____ Time of the alleged incident: _____

Location of the alleged incident: _____

Description of the alleged incident: _____

Was there any other individual involved in the alleged incident? If so, who? _____

Was there any witness? If so, who? _____

Alleged Perpetrator Details:

Name: _____

Sex: _____ Age: _____ Nationality: _____

Position: _____ Relationship with INTERSOS: _____

Observations (physical injuries or other observations):**Action Taken:****SIGNATURE:****DATE:**