



## MAKERERE UNIVERSITY

### FORM FOR REPORTING SAFEGUARDING INCIDENTS

1	NAME OF SURVIVOR(S)	
2	STUDENT REGISTRATION NUMBER / STAFF ID NUMBER	
3	FOR STUDENTS: COLLEGE/ SCHOOL, COURSE AND YEAR OF STUDY	
4	FOR STAFF: POSITION AND ACADEMIC/ ADMINISTRATIVE UNIT	
5	DATE OF BIRTH	
6	SEX	
7	VILLAGE/ L.C 1	
8	PARISH	

9	SUB-COUNTY	
10	COUNTY	
11	DISTRICT	
12	POSTAL ADDRESS	
13	EMAIL ADDRESS	
14	TELEPHONE CONTACT	
15	NEXT OF KIN NAME & ADDRESS, TEL, EMAIL ,	
16	NATURE OF COMPLAINT <i>(Please explain as clearly as possible what happened, and who was involved)</i>	

17	PERSON BEING COMPLAINED ABOUT, HIS/HER TITLE, COLLEGE/ ADMINISTRATIVE UNIT AND FULL ADDRESS ( <i>physical address, telephone &amp; email contacts if known</i> )	
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18	DATE /DATES WHEN ALLEGED BREACH/ VIOLATION OCCURRED	
19	HAVE YOU REPORTED THIS MATTER TO ANY OTHER PERSON OR ENTITY? GIVE DETAILS OF ACTION TAKEN, IF ANY	
20	WHAT EVIDENCE DO YOU HAVE IN SUPPORT OF YOUR COMPLAINT? GIVE DETAILS	
21	WHAT WOULD YOU WANT THE UNIVERSITY TO DO FOR YOU?	
22	LIST OF MATERIALS FOR THE CASE (EG	

	<p>TEXT &amp; AUDIO MESSAGES, DOCUMENTS, ETC) PROVIDE COPIES)</p>	
23	<p>POSSIBLE WITNESSES  (Please list any persons, whom we may contact for additional information to support or clarify your complaint. Provide their contact details too)  Name, Address, Tel, Email Address,</p>	
24	<p>GIVE ANY ADDITIONAL INFORMATION YOU DEEM RELEVANT TO THIS COMPLAINT</p>	

25	SIGNATURE & DATE	
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**Note: Please attach a copy of your identity card and a passport photograph**

**FOR OFFICIAL USE ONLY:**

REFERENCE NUMBER:.....

**ACTION TAKEN:**

BY WHO (NAME, POSITION, UNIT, DATE)	
SUMMARY OF ACTIONS TAKEN	
SIGNATURE & DATE	