



THE REPUBLIC OF UGANDA
 MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT
 Gender Based Violence Incident Report Form

Instructions:

- i. This form must be filled out by a service provider (case manager, health practitioner or social worker). An additional page may be added, if needed, for useful narrative information.
- ii. Before beginning the interview, please be sure to remind your client that all information given will be kept confidential. Explain the purpose of collecting this information and explain that s/he may choose not to answer any of the questions being asked.
- iii. A unique code should be assigned to a survivor the first time they report an incident and the same survivor code should be used for all future cases reported by the same survivor.
- iv. A unique code should be assigned to a Perpetrator every time an incident is reported.
- v. The Survivor code and Perpetrator code protects the survivor's & Perpetrator's identity and should not be easily related to the individuals.

Section I: General information		
Case Number*: ___/___/___/___ GBV/00/00/0000	District: _____ Sub County/Division: _____ Parish/Ward: _____ Village/Cell: _____	Date of Interview: _____ Time: _____ (24hr)
Previous Incident Numbers for this Client (if any): ___/___/___ ; ___/___/___ ; ___/___/___ ; ___/___/___		
Was this client referred to you from somewhere or by someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Survivor Information			
Survivor code.	Age*:	Date of Birth:	Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female
Location:		Nationality:	Occupation:
No. of Children:	Ages:	Head of family (self Or name, relationship to survivor):	
Religion:	Education:		
Status (national resident, non-national resident, refugee, IDP, repatriate, other-specify)			

The Incident		
Location*:	Date*:	Time of day:
Description of the incident (summarise circumstances, what exactly occurred)*:		
Type of the Incident: <input type="checkbox"/> Rape (includes gang rape, marital rape) <input type="checkbox"/> Defilement <input type="checkbox"/> Physical Assault <input type="checkbox"/> Forced Marriage <input type="checkbox"/> Denial of Resources, opportunities & services <input type="checkbox"/> Psychological Abuse <input type="checkbox"/> Child marriage <input type="checkbox"/> Female Genital Cutting / Mutilation <input type="checkbox"/> Other GBV (specify)		
Incident reported by: <input type="checkbox"/> Survivor <input type="checkbox"/> Other (specify):		

Was the client referred to the recipient? :
<input type="checkbox"/> No
<input type="checkbox"/> Yes

If Yes, by who?

Perpetrator code.	No. of perpetrator(s):	Age (estimate):	Yr. of Birth:	Sex*: Male Female
Location:	Status (national resident, non-national resident, refugee, IDP, repatriate, other-specify)	Nationality:	Occupation:	Education:
Relationship to victim*:	Marital Status:	Religion:		

If perpetrator unknown, describe him/her (height, age, complexion e.t.c):

Current location of perpetrator, if known: _____

Is perpetrator a continuing threat: Yes No

Witnesses (if any)

Describe presence of any witness (including children):

Names and addresses:

Action Taken – any action already taken as of the date this form is completed

Reported to*:	Date Reported*:	Action Taken/Not taken (why)*:
Police:		
Legal service centre:		
CDO/Probation and Welfare Officer		

Livelihoods Program:		
Local Council Officials (LC's):		
Safe Shelter		
Health Care:		
Other Care (Specify):		

Referral Monitoring

Referred to*:	Date referred*:	Not referred (why)*:
Police:		
Legal Protection centre		
Livelihoods Program		
Local Council Officials (LC's):		
Safe shelter		
Health Centre		
Community Development Officer		
Other care (Specify)		

More Action Taken and Planned Action – as of the date this form is completed

Physical security needs assessment and immediate safety plan:

Has the victim/survivor received any kind of counseling-if yes, by who*?
 No
 Yes, by _____

Is victim/survivor going to report the incident to police? Yes No

Is she/he seeking action by elders' tribunal/traditional court? Yes No

What follow-up will be done by the GBV service provider/social worker?

Form completed by (names)*:	Designation*:	Signature (and Stamp), Place name