

## **PROJECT ROZANA SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (SEAH) INCIDENT NOTIFICATION FORM**

This notice explains how Project Rozana will collect, use and disclose the personal and sensitive information collected through this form in accordance with our obligations under the Australian Privacy Principles (APP) and the Privacy Act 1988 (Commonwealth Privacy Act). Personal information may include an individual's name, signature, address, telephone number, date of birth and any commentary or opinion about Project Rozana: Sensitive information may include information about a person's health or racial/ethnic origin.

**Project Rozana's collection, use and disclosure of information collected in this form:** Project Rozana reasonably believes that the collection, use or disclosure of the information, including personal information in this form is necessary in order for Project Rozana to:

- a) manage the risks of SEAH and SEAH incidents in the provision of development assistance;
- b) take appropriate action where it suspects that unlawful activity or misconduct of a serious nature has been or is being engaged in, and;
- c) lessen or prevent a serious threat to the life, health or safety of an individual or to public health or safety

If we are unable to collect your personal information, Project Rozana may not be able to contact you and to make further enquiries about the alleged incident you have reported.

**If anyone related to this notification is in imminent danger:**

In Australia - please telephone 061 3 9272 5600 Outside Australia, please phone +61 3 9272 5600 or visit your local law enforcement office (if safe to do so) or another support service (e.g., a medical centre, hospital, sexual violence support centre, rape support centre, etc).

### **SEAH Incident Notification Form**

In completing this form, please provide as much information as you can or as you feel safe/comfortable to provide. In accord with our PSEAH Policy principles, Project Rozana takes a victim/survivor-centred approach to the reporting of SEAH.

<b>1. Information about the person completing this form</b>	
<i>Note, please consider the privacy and protection of any individuals reporting. Only provide details of any individuals if permission has been granted to share this information.</i>	
Name	
Organisation	
Position or relationship to Project Rozana	
Telephone	
Email	
Date	
Location (country, city)	
<b>2. Information about the victim/survivor</b> <i>If more than one person was affected, please include all.</i>	
<i>Note, please consider the privacy and protection of any individuals reporting. Only provide details of any individuals if permission has been granted to share this information.</i>	
Name	
Age	
Gender	
Current location of the victim/survivor (include who the person lives with if applicable)	
Any additional information about the victim/survivor, such as injuries, disability, general impressions.	
What actions have been taken to ensure the victim/survivor's safety at present?	
Have referrals been made to support services such as a medical facility or counselling services? (if yes, please provide details)	
Location (country/province/city etc)	
Does the victim/survivor know that you are reporting this concern?	
<b>3 Information on the suspected concern</b>	

What Happened?	
When did it take place? <i>(date(s) and time(s))</i>	
Where did it take place? <i>(country, province, city/village/town etc. Please provide as much detail as possible)</i>	
Were there witnesses? <i>If yes – who are they and how can they be contacted?</i>	
Date incident report was received by you?	
<b>4 Project/program details related to the incident</b>	
In which Project or Program?	
Location of Project or Program <i>(country/city/village/town etc. Please provide as much detail as possible)</i>	
Name of partner(s) associated with the project/program: <i>(e.g. name of organisation(s); include downstream partners)</i>	
<b>5. Reporting to others</b>	
Are local police aware of the incident/allegation? <i>If yes, please provide details</i>	
Who else has been informed about this Safeguarding Concern <i>(include both internal and external e.g. police / doctors)</i>	
<b>6 If applicable: Information about the suspected perpetrator/person(s) involved</b> <i>If safe to do so</i>	
Name	
Gender	

Suspected perpetrators relationship to victim/survivor	
Suspected perpetrators relationship to Project Rozana?	
Is the suspected perpetrator Australian or living in Australia?	
Current Location	
Contact details	
<b>5. Other information</b>	
<i>please provide any other relevant information here that has not already been mentioned above</i>	

**Declaration:**

By completing and submitting this form, I declare that:

- I have read, understood and agree to the collection, use and disclosure of my personal information in accordance with this incident notification form.
- I confirm that the victim/survivor is aware, and they have consented to me providing information on this incident, as outlined in this incident notification form.
- I confirm that if any whistleblowers have provided their details in this form, they have consented to do so.

If you do not consent or if you have any concerns about how the personal information collected in this form will be used, disclosed or shared, you should notify Project Rozana as soon as possible [confidential@projectrozana.org](mailto:confidential@projectrozana.org) or telephoning +61 3 9272 5600

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_