



# Child Protection Incident Report Form

Review date: \_\_\_\_\_

Attending: \_\_\_\_\_

Kuwait Bilingual School No. 2 is committed to practices that protect children from harm. This form should be completed if you are alerted to an incident of abuse, or suspect abuse of a child. Please complete this form within 24 hours of being alerted to an incident and forward it to the **Child**

**Protection Officers: Sinae VanHaastert OR Fatima Al Raei.**

**This page is to be completed by the person alerted to or suspects an incident.**

Date of report:	
Time report was completed:	
Name(s) of persons involved in incident:	
Date incident occurred:	
Time incident occurred:	
Location where incident occurred:	
List any witnesses to the incident:	
Description of incident (please state facts):	
Immediate action taken:	
If no action taken – reason:	



Name of person completing form:	
Contact phone number:	
Signature:	
Name of CPO this form was submitted to:	
Signature of CPO:	



**This page is to be completed by the CPO.**

Action taken:

If no action taken – reason:

If action taken:

Name(s) of persons notified:	
Contact phone number:	
Contact person in organization:	
Date notified:	
Time notified:	

