Annex 5: Incidence reporting form
This form is use for reporting incidence including potential violation.

All report including this form after been filled should be sent to the NAB Secretariat at: safeguarding@nigeriaassociationoftheblind.org and cc info@nigeriaassociationoftheblind.org with the subject line “Urgent Safeguarding incidence”

Note: Do well to provide detailed information, as information provided below is confidential.

Nature of attention
Please indicate with an “X” where you find your nature of attention

I. You have information that a child or adult with visual impairment may be abused, harm, or exploited if nothing is done ____

ii. You have evidence to the abuse of a child or adult with visual impairment been abuse, exploited or harm (either as an eye witness or second informant) ____

iii. You are concerned about someone’s behaviour towards a child or an adult (either aggression, sexual harassment, obsession etc.) ____

iv. You are concern about the safety of a child or adult (emotional detachment, communal attachment or detachment etc.) ____

How did you get the above information (you are a first-hand witness, you were told about the incident, you observed) please indicate ________________________

Behavioural/ infrastructural concerns

a. Concern about a staff’s or partner’s behaviour, which could lead to the violation of the code of conduct (tick if relevant) ____

b. Concern about an organisation’s receptive capability to handle a child or adult with visual impairment, especially when it has to do with their communication devices, infrastructure, hard labour in form of punishment (tick if relevant) ____

c. Concern about harm, abuse or exploitation from NAB’s staff to a child or adult with visual impairment? Please give details ---

________________________________________________________________________
________________________________________________________________________

How did you get information about the above concern? (Eye witness, you are a victim) please give detailed information ---

________________________________________________________________________
Information about your concern

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Information provided</th>
</tr>
</thead>
</table>
| Describe the nature of your concern, please give detailed information (either as an eye witness or reported concern) | }