

## Child Safeguarding Policy - Maestri di Strada ONLUS

### Reporting procedure for concern or suspicion

| <b>INCIDENT REPORT</b>  |  |
|---|--|
| <b>Name and location of the person filling out the report</b>                         |  |
| <b>Date of the report</b>   |  |
| Date and time of the accident   |  |
| Location of the accident  |  |
| Name of young person/people involved  |  |
| Name(s) of the involved staff/volunteer (specify if member of a partner organization) |  |
| <b>Referral's details</b>   |  |
| Date and time of the referral   |  |
| Name/s of/referrers   |  |
| Referrer contacts   |  |
| Relationship with the young person  |  |
| <b>Young person information (if available)</b>  |  |
| Name  |  |
| Birth day   |  |
| Gender  |  |
| Address   |  |
| Language  |  |
| Any disability  |  |
| Legal status/Legally liable parties   |  |
| <b>Description of the incident</b>  |  |
| When it occurred  |  |
| Who has been involved   |  |



# Associazione Maestri di Strada ONLUS

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|   |  |
|---|--|
| Who was there                                   |  |
| What did they see                               |  |
| Where it took place                             |  |
| External reactions (local community, press... ) |  |
| Additional infos                                |  |

|   |  |
|---|--|
| The problem in question was detected by you first By me first person, By me or by someone else? |  |
| If the answer is the second, please provide further specifications below:                       |  |
| Direct testimony of the young person, if available:   |  |
| <b>Information about the accused person (if known)</b>  |  |
| Name  |  |
| Address   |  |
| Age   |  |
| Are you an employee/<br>Collaborator/ Volunteer of<br>Maestri di Strada?                        |  |
| Relationship with the young<br>person, if any   |  |
| Additional infos  |  |
| <b>Section reserved to office staff</b>   |  |
| Date you received the<br>Incident Report  |  |
| Staff member who handled the<br>procedure   |  |
| steps taken   |  |
| follow-up date  |  |
| Describe the current security<br>status of the young person                                     |  |
| Was an emergency medical<br>intervention required? If so, by<br>whom?                           |  |
| Reference number of the accident  |  |



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| Has the accident been reported? If so, to whom and how?                |  |
|--|--|
| social service   |  |
| Police.  |  |
| Referral to local authorities responsible for child protection/welfare |  |
| Referral for treatment medical/health needs                            |  |
| Other third parties (specify which)                                    |  |