

VIOLENCE REPORTING FORM

Name of County:		Sub-county:		
Ward:		Implementing partn	er:	
Date: (dd/mm/yyyy):	_/			
KP unique identifier code				
KP type (Tick appropriate)): FSW MSM MSW	PWID PWU TRAN	SMAN TRANSWOMAN	
Name:				
Sex: 1. Male 2.Fem	ale			
Age:				
Place of incident:				
Date of incident:				
Time of the incident:	АМ 🗌 РМ 🗌			
Was the abuse against: a) An individual b) Group				
The form of incident:	Harassment Assault/physical abuse	Verbal Abuse Rape/Sexual assault	Discrimination Illegal arrest	
PERPETRATORS KP being Discriminated / Harassed / Abused by:				
Local gangs:	Yes No	Family:	Yes No	
Police:	Yes No	Partner:	Yes No	
General Public:	Yes No No	Health Provider:	Yes No No	
Clients:	Yes No No	Education Institution:	Yes No	
Local Authority:	Yes No No	Neighbors:	Yes No	
Community members:	Yes No	Employer:	Yes No	
Drug peddler:	Yes No No	Other KP (specify)		
Religious group:	Yes No No			
Pimps/Madam:	Yes No No			
Bar owners/managers:	Yes No			
Date and time the crisis response team made its first attempt to address the incident through its staff Time am pm				
Type of post violence support provided				

Services	Duration of service	Provided within 5 days		
Tick the applicable post rape care service provided				
a) HIV testing service				
b) Emergency contraception				
c) Complaint registration at police station (provide OB number)				
d) Psychosocial/trauma counselling				
e) PEP provided				
f) STI screening and treatment				
g) Legal support				
h) Medical examination				
i) PRC form filled				
j) Other services provided: specify:				
Non sexual violence				
a) Medical services and care				
b) Psychosocial/trauma counselling				
c) Complaint registration at police station (Provide OB number)				
d) Legal Support				
Where is the person now: Dead Imprisoned Hospitalized At home Safe space				
Follow-up action plan:				
Date issue was completely addressed				
Programme Officer (enter name):				

VER OCT 2017