

Incident Reporting Form

Reported by: _____

Date of Incident: _____

Incident Type: (Safeguarding / Fraud and Bribery / Code of Ethics Violations)

I.

INCIDENT DETAILS:

1. Description of Incident:

[Provide a detailed account of the incident, including what happened, where, who was involved, and any other relevant information.]

2. Date and Time of Incident:

- Date: _____

- Time: _____

3. *Location of Incident:*

[Specify the exact location of the incident, including country, city, and any specific details.]

INDIVIDUALS INVOLVED:

4. *Name(s) of Person(s) Affected:*

[List the name(s) of individuals directly impacted by the incident.]

5. *Name(s) of Alleged Perpetrator(s):*

[Provide the name(s) of individuals accused of being involved in the incident.]

6. *Other Individuals Present or Involved:*

[Include the names and roles of any other individuals who were present or involved in the incident.]

WITNESSES:

7. Names of Witnesses:

[List the names of any individuals who witnessed the incident.]

8. Contact Information of Witnesses:

- Phone: _____

- Email: _____

SUPPORTING EVIDENCE:

9. Documents:

[Specify any relevant documents related to the incident, such as emails, reports, or other written evidence.]

10. Photographs or Videos:

[Indicate if there are any photographs or videos that support the incident report. Provide details or attach files if applicable.]

11. Other Evidence:

[Include any additional evidence or information that supports the incident report.]

REPORTER INFORMATION:

12. Name of Reporter:

[Provide the name of the person reporting the incident.]

13. Contact Information:

- Phone: _____

- Email: _____

14. Relationship to the Organization:

[Specify if the reporter is an employee, volunteer, beneficiary, or external stakeholder.]

II.

ACTION TAKEN:

[To be completed by Integra Foundation staff member/incident investigator]

15. Immediate Actions Taken:

[Describe any immediate actions taken and by whom to address the incident, if applicable.]

16. Follow-up Actions:

[Planned or executed follow-up actions, including investigations, corrective measures, or other steps.]

III.

REVIEW AND APPROVAL:

[To be completed by Integra Foundation staff member/incident investigator]

17. *Investigator's Name:*

[The name of the person responsible for investigating the incident.]

18. *Date of Investigation:*

- Date: _____

19. *Approval for Resolution:*

[Indicate if the incident has been reviewed and approved for resolution.]

ADDITIONAL COMMENTS:

20. *Referral of the incident to the authorities:*

[Indicate and provide details if the incident has been referred to the authorities.]

21. Additional Comments or Information:

[Any additional comments or information that may be relevant to the incident report.]

IV.

DECLARATION:

I hereby confirm that the information provided in this incident report is accurate and complete to the best of my knowledge.

Reporter's Signature: _____ Staff/Investigator's Signature:

Date: _____

Date: _____

INSTRUCTIONS FOR SUBMISSION:

Submit this form to staznosti@nadaciaintegra.sk, feedback@nadaciaintegra.sk, or deliver to Integra Foundation head office, Dobsinskeho 14, 811 05 Bratislava, Slovakia.

Integra Foundation hereby affirms that confidentiality will be maintained throughout the reporting and investigation process