



ISLAMIC CHARITY FOUNDATION FOR EDUCATION AND SOCIAL WELFARE
ICFESW

BP 534, Maroua — contact@icfesw.cm — www.icfesw.cm

SAFEGUARDING INCIDENT REPORTING PROCEDURE

Guidance and reporting form for safeguarding incidents, concerns and near-misses

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This form is CONFIDENTIAL. It must be completed and submitted only to the ICFESW Safeguarding Focal Point. Access is restricted to authorised personnel directly involved in the investigation and response.

PART A — REPORTING GUIDANCE

Who Should Report

Any person, staff, volunteer, beneficiary, community member or partner who has experienced, witnessed or received a disclosure of a safeguarding concern, incident or near-miss should report it using this procedure.

When to Report

- Immediately: if there is an immediate threat to the safety of any person.
- Within 24 hours: for all other safeguarding concerns, incidents and disclosures.
- At any time: for historical incidents or retrospective disclosures.

How to Report

- Complete this form and submit it directly to the Safeguarding Focal Point.
- Email: contact@icfesw.cm. Subject: CONFIDENTIAL — Safeguarding Incident Report.
- Verbal report to a Programme Manager or senior staff member if the Focal Point is unreachable.
- Anonymous reports are accepted via suggestion boxes at all ICFESW sites.

You do not need to have all the facts before reporting. Report your concern or what you have observed. Do not investigate independently.

PART B — INCIDENT REPORT FORM

SAFEGUARDING INCIDENT REPORT FORM — ICFESW | CONFIDENTIAL

Section 1 — Reporter Information

Date of Report	_____
Reporter Name (optional)	_____ (may remain anonymous)
Reporter Role / Position	_____
Organisation / Location	_____
Contact (optional)	_____



Section 2 — Incident Details

Date / Time of Incident	_____
Location of Incident	_____
Programme / Activity	_____
Type of Incident	<input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse/SEA <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> Neglect <input type="checkbox"/> Financial exploitation <input type="checkbox"/> Child protection concern <input type="checkbox"/> GBV <input type="checkbox"/> Other: _____

Section 3 — People Involved

Affected Person(s)	Name / Code: _____ Age: ____ Gender: ____ Status: <input type="checkbox"/> Beneficiary <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Community member <input type="checkbox"/> Other
Alleged Perpetrator(s)	Name / Code: _____ Role: _____ Relationship to affected person: _____
Witnesses (if any)	Name(s) / Description: _____

Section 4 — Description of Incident

Please describe what happened, what was said or observed. Use factual language. Use the affected person's own words where possible. Do not add personal interpretation.

Description: _____ _____ _____ _____
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Section 5 — Immediate Actions Taken

<ul style="list-style-type: none">• Actions taken to ensure safety of affected person: _____• Referrals made (medical / psychosocial / legal / shelter): _____• Authorities notified (if applicable): _____



Section 6 — Reporter Signature

Signature: _____ Date: _____	Received by Focal Point: _____ Date Received: _____ Case Reference No.: _____
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PART C — FOCAL POINT USE ONLY

Date Received	_____
Case Reference Number	_____
Risk Level	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Critical
Investigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Investigating Officer Assigned	_____
External Referral (if applicable)	<input type="checkbox"/> Police <input type="checkbox"/> MINAS <input type="checkbox"/> Health services <input type="checkbox"/> MINPROFF <input type="checkbox"/> Other: _____
Case Status	<input type="checkbox"/> Open <input type="checkbox"/> Under investigation <input type="checkbox"/> Referred <input type="checkbox"/> Closed
Date Closed	_____
Outcome Summary	_____