1 INCIDENT PROFILE

1.1 DATE OF INCIDENT
C H I K C H E R E T R O C A T U E N A D E Y D D M M M Y Y Y Y

1.2 TIME OF DAY
(Select one)
☐ MORNING
☐ AFTERNOON
☐ EVENING
☐ NIGHT
☐ UNKNOWN

1.3 LOCATION OF INCIDENT

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DIVISION</th>
<th>DISTRICT</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPS X COORD</td>
<td>GPS Y COORD</td>
<td>LANDMARK</td>
<td></td>
</tr>
</tbody>
</table>

1.4 TYPE OF LOCATION
(Select one)
☐ BUSH/FOREST
☐ MARKET
☐ ROAD
☐ SCHOOL
☐ FIELD
☐ IDP/REFUGEE CAMP
☐ HOME
☐ OTHER

1.5 DETAILED DESCRIPTION OF INCIDENT
Please describe what happened. Tell the story - what, when, where, by whom; explain the process of documentation and verification and any actions taken. Avoid personal names. If more space is needed, use the back of this form.

1.6 SUMMARY DESCRIPTION OF INCIDENT FOR ADVOCACY AND REPORTING
If this is suitable as a case study at national or global level, please provide a summary of the incident for wider use. Ensure that there is NO CONFIDENTIAL or SENSITIVE information, as this incident could be used in public reports and for advocacy.

2 VIOLATION CATEGORY

2.1 GRAVE CHILD RIGHTS VIOLATION CATEGORY (Select as many as apply. See guidance note for sub-categories, and other grave violations.)

☐ KILLING
☐ RECRUITMENT AND USE OF CHILDREN
☐ RAPE OR OTHER GRAVE SEXUAL VIOLENCE
☐ ATTACK ON SCHOOL
☐ MAIMING
☐ ABDUCTION
☐ DENIAL OF HUMANITARIAN ACCESS
☐ ATTACK ON HOSPITAL

3 PERPETRATOR PROFILE

3.1 STATE OR NON-STATE ACTOR (Select one)
☐ NATIONAL ARMY
☐ SECURITY FORCES
☐ INTERNATIONAL FORCES
☐ POLICE FORCES
☐ PARA-MILITARY FORCES
☐ NON-STATE ACTOR
☐ OTHER

3.2 NAME OF ARMED FORCE/GROUP
Specify or click here to select.

3.3 NUMBER OF INDIVIDUAL PERPETRATORS (Select one)
☐ ONE
☐ TWO
☐ THREE
☐ MORE THAN THREE
☐ UNKNOWN
☐ NOT APPLICABLE
4 MRM TASK FORCE RESPONSE

4.1 ACTIONS TAKEN BY SURVIVORS/FAMILIES
Describe what actions have already been taken by the survivors/families; including raising the incident with relevant authorities.

4.2 ACTIONS TAKEN BY MONITORING AGENCY OR OTHER TASK FORCE MEMBER
Document actions taken to respond to the incident generally: Medical Intervention, Report to Police or Government Authorities, Intervention with Armed Group, etc. Response for individual survivors should be noted in the Victim Profile Table or Individual Add-On.

<table>
<thead>
<tr>
<th>ACTION DATE</th>
<th>TYPE OF ACTION</th>
<th>BODY TO WHICH MRM TASKFORCE DIRECTED ACTION</th>
<th>NOTES</th>
<th>RELATED CASE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/MMM/YYYY</td>
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4.3 FOLLOW-UP ACTION
<table>
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<th>TYPE OF ACTION</th>
<th>DUE DATE</th>
<th>NOTES</th>
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<tbody>
<tr>
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5 DOCUMENTATION RECORD: FILL ONE BASIC INCIDENT FORM FOR EACH SOURCE

5.1 DATE OF REPORT
When source was reported to or observed by monitor

5.2 SOURCE CODE

5.3 SOURCE OF INFORMATION
Determine if the source is primary, supporting testimony, supporting material or alert, and then select relevant sub-category.

5.4 RELIABILITY OF PERSON AS SOURCE
(Select one)
- HIGH (Contradictory story, conflict of interest, previous false report, etc.)
- LOW

5.5 CONSENT
Does Source consent to be re-contacted by the monitoring agency? (Select one)
- Yes
- No

5.6 MONITOR ID

5.7 REPORTING ORGANISATION CODE

6 CASE LOG

<table>
<thead>
<tr>
<th>DATE</th>
<th>NOTES</th>
<th>MONITOR ID</th>
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</thead>
<tbody>
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7 ATTACHED DOCUMENTATION

File Name and Link | File Name and Link | File Name and Link

8 VERIFICATION RECORD (For 8.1 and 8.4, select one option only.)

8.1 VERIFICATION STATUS
- Verified
- Unverified
- Incomplete

8.2 DATE
DD/MMM/YYYY

8.3 MONITOR ID

8.4 IF NOT VERIFIED, WHY?
- Resource Constraints
- Other
- Unwilling Sources
- Security Constraints
- Contradictory Information
- Pending Further Monitoring

1 If the source is the survivor, the source code should be the same as the victim/survivor code.
## 9 Victim/Survivor Summary

<table>
<thead>
<tr>
<th>9.1 Total No. of Children Affected</th>
<th>Boys</th>
<th>Girls</th>
<th>Sex Unknown</th>
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</table>

## 10 Victim/Survivor Profiling – For Hard Copy Format, Use Key Below to Select Appropriate Options

<table>
<thead>
<tr>
<th>No.</th>
<th>Victim/Survivor Code</th>
<th>Killing</th>
<th>Maiming</th>
<th>Recruitment and Use</th>
<th>Rape/Sexual Violence</th>
<th>Abduction</th>
<th>Date of Birth</th>
<th>Estimated Age</th>
<th>Sex</th>
<th>Nationality</th>
<th>Ethnic Group/Tribe</th>
<th>Religion</th>
<th>Displacement Status</th>
<th>Care Status</th>
<th>Agency Referred To</th>
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### DROPDOWN OPTIONS KEY

- **Nationality:** A, B
- **Displacement Status:** Non-displaced, IDP, Asylum Seeker, Refugee, Returnee, Stateless, Other
- **Ethnic Group/Tribe:** A, B
- **Care Status:** Separated, Unaccompanied, With Primary Caregiver
- **Religion:** A, B
- **Agency Referred To:** A, B