



MRM IMS
BASIC
DATA FORMAT

COUNTRY:	CASE REFERENCE NO.	SUMMARY INCIDENT TIMELINE:
MONITORING AGENCY ID:	MRM IMS NO.	DATE OF INCIDENT:
		DATE OF REPORT:
		DATE OF VERIFICATION:

1 INCIDENT PROFILE

1.1 DATE OF INCIDENT	CLICK HERE TO ENTER A DATE. DD/MMM/YYYY	1.2 TIME OF DAY (Select one)	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON
			<input type="checkbox"/> EVENING	<input type="checkbox"/> NIGHT
			<input type="checkbox"/> UNKNOWN	
1.3 LOCATION OF INCIDENT	LOCATION	Specify or click here to select DIVISION	Specify or click here to select. DISTRICT	Specify or click here to select. STATE
	GPS X COORD	GPS Y COORD	LANDMARK	
1.4 TYPE OF LOCATION (Select one)	<input type="checkbox"/> BUSH/FOREST	<input type="checkbox"/> MARKET	<input type="checkbox"/> ROAD	<input type="checkbox"/> SCHOOL
	<input type="checkbox"/> FIELD	<input type="checkbox"/> IDP/REFUGEE CAMP	<input type="checkbox"/> HOME	<input type="checkbox"/> 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.)

<input type="checkbox"/> KILLING CAUSE Select one.	<input type="checkbox"/> RECRUITMENT AND USE OF CHILDREN	<input type="checkbox"/> RAPE OR OTHER GRAVE SEXUAL VIOLENCE	<input type="checkbox"/> ATTACK ON SCHOOL
<input type="checkbox"/> MAIMING CAUSE Select one	<input type="checkbox"/> ABDUCTION	<input type="checkbox"/> DENIAL OF HUMANITARIAN ACCESS	<input type="checkbox"/> ATTACK ON HOSPITAL

3 PERPETRATOR PROFILE

3.1 STATE OR NON-STATE ACTOR (Select one)	3.2 NAME OF ARMED FORCE/GROUP Specify or click here to select.	3.3 NUMBER OF INDIVIDUAL PERPETRATORS (Select one)
<input type="checkbox"/> NATIONAL ARMY		<input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> MORE THAN THREE
<input type="checkbox"/> POLICE FORCES		<input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE
<input type="checkbox"/> SECURITY FORCES		
<input type="checkbox"/> PARA-MILITARY FORCES		
<input type="checkbox"/> INTERNATIONAL FORCES		
<input type="checkbox"/> NON-STATE ACTOR		
<input type="checkbox"/> OTHER		

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)

ACTION DATE	TYPE OF ACTION	BODY TO WHICH MRM TASKFORCE DIRECTED ACTION	NOTES	RELATED CASE NO.
DD/MMM/YYYY	Specify or click here to select	Specify or click here to select.		
DD/MMM/YYYY	Specify or click here to select	Specify or click here to select.		
4.3 FOLLOW-UP ACTION	TYPE OF ACTION	DUE DATE	NOTES	
	Specify or click here to select	DD/MMM/YYYY		

5 DOCUMENTATION RECORD: FILL ONE BASIC INCIDENT FORM FOR EACH SOURCE

5.1 DATE OF REPORT

CLICK HERE TO ENTER A DATE.

When source was reported to or observed by monitor

DD/MMM/YYYY

5.2 SOURCE CODE¹

5.3 SOURCE OF INFORMATION Determine if the source is primary, supporting testimony, supporting material or alert, and then select relevant sub-category.	PRIMARY (Select one option below) <input type="checkbox"/> VICTIM <input type="checkbox"/> ADULT CAREGIVER <input type="checkbox"/> EYE-WITNESS <input type="checkbox"/> PERPETRATOR Complete 5.4 on Reliable Persons	SUPPORTING TESTIMONY Specify below, or click here to select. Complete 5.4 on Reliable Persons
	SUPPORTING MATERIAL Specify below, or click here to select	ALERT SOURCES Specify below, or click here to select
5.4 RELIABILITY OF PERSON AS SOURCE (Select one) <input type="checkbox"/> HIGH <input type="checkbox"/> LOW (Contradictory story, conflict of interest, previous false report, etc.)	5.5 CONSENT Does Source consent to be re-contacted by the monitoring agency? (Select one) <input type="checkbox"/> YES <input type="checkbox"/> No	5.6 MONITOR ID
		5.7 REPORTING ORGANISATION CODE

6 CASE LOG

DATE	NOTES	MONITOR ID
DD/MMM/YYYY		
DD/MMM/YYYY		

7 ATTACHED DOCUMENTATION

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

8.1 VERIFICATION STATUS <input type="checkbox"/> VERIFIED <input type="checkbox"/> UNVERIFIED <input type="checkbox"/> INCOMPLETE	8.2 DATE DD/MMM/YYYY 8.3 MONITOR ID	8.4 IF NOT VERIFIED, WHY? <input type="checkbox"/> RESOURCE CONSTRAINTS <input type="checkbox"/> OTHER <input type="checkbox"/> UNWILLING SOURCES <input type="checkbox"/> CONTRADICTION INFORMATION <input type="checkbox"/> SECURITY CONSTRAINTS <input type="checkbox"/> PENDING FURTHER MONITORING
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¹ If the source is the survivor, the source code should be the same as the victim/survivor code.

9 VICTIM/SURVIVOR SUMMARY

9.1 TOTAL NO. OF CHILDREN AFFECTED	Boys	GIRLS	SEX UNKNOWN
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10 VICTIM/SURVIVOR PROFILING – FOR HARD COPY FORMAT, USE KEY BELOW TO SELECT APPROPRIATE OPTIONS

No.	VICTIM/ SURVIVOR CODE	KILLING	MAIMING	RECRUITMENT AND USE	RAPE/ SEXUAL VIOLENCE	ABDUCTION	DATE OF BIRTH	ESTIMATED AGE	SEX	NATIONALITY	ETHNIC GROUP/ TRIBE	RELIGION	DISPLACE -MENT STATUS	CARE STATUS	AGENCY REFERRED To
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M/F	Select	Select	Select	Select	Select	Select

DROPDOWN OPTIONS KEY

NATIONALITY: A, B

ETHNIC GROUP/TRIBE: A, B

RELIGION: A, B

DISPLACEMENT STATUS:

CARE STATUS:

AGENCY REFERRED TO:

NON-DISPLACED, IDP, ASYLUM SEEKER, REFUGEE, RETURNEE, STATELESS, OTHER

SEPARATED, UNACCOMPANIED, WITH PRIMARY CAREGIVER

A, B