

Reporting Form

To HDCS Child Safeguarding Focal Person (Project Location or HQ)

Date of Report _____

1. Details of Child

Name:
Address:
Male/ Female:
School:
Address:
Alias:

4. *(Details of concerns, allegations or incidents(s) dates, times, who was present, description of any observed injuries, Parent's views, child's view's if known)*

2. Details of Person/s Reporting Concerns

Name:
Address:
Cell no:
Occupation:
Relationship to Child:

5. Details of Parents/ Guardians

Reporter discussed with parents/ guardians
Yes/ No

Parents are aware that this concern is being reported to HDCS
Yes/ No

Parent/ Guardian Info (1)
Relationship to Child:
Name of the Parent/ Guardian:
Address:
Cell no:

Parent/ Guardian Info (2)
Relationship to Child:
Name of the Parent/ Guardian:
Address:
Cell no:

3. Details of Report

All information provided to the Child Reporting Section will be treated with confidentiality.
Contact the Child Safeguarding Focal Person to get advice and information on any unsure situation regarding the Childs Safeguarding.

CONTACT DETAILS

HDCS Focal Person in the Head Office

Sudip Adhikari
Admin and HR Coordinator
Email: sudip.hdcs@gmail.com

HDCS Focal Person for the Project Location

Shova Thakuri (Besisahar, Lamjung)
Lamjung District Community Hospital (LDCH)
Email: cnc20shova@gmail.com

Purna Bahadur Thapa (Chaurjahari, Rukum)
Chaurjahari Hospital Rukum (CHR) and Public Health Programmes (PHP)
Email: puernathapa37@gmail.com

Mohan Khadka (Chitwan)
Gunjaman Hospital Chitwan (GHC)
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Further Contact Details:

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