



**THE KENYA SCOUTS  
ASSOCIATIO**

**SAFE FROM HARM REPORTING TOOL**

*To be filled in duplicate*

**COMPLAINANT PARTICULARS**

Name ..... Age..... Gender.....

Parent/Guardian Name..... Cell No.:.....

Scout Leader Name..... Cell No.....

Head of the Institution ..... Cell No.....

**ABUSER/PERPETRATOR'S PARTICULARS:**

Name..... Age..... Gender.....

Cell No:..... ID No.....

Place of work..... Immediate supervisor.....

Relationship with the child.....

Nature of Abuse/Harm.....

Date..... Time..... Place.....

Complainant's Narration .....

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**Complainant's Signature**.....

**EVIDENCE ATTACHED**

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.....

Recording Officers' Name: .....

Designation..... Signature..... Date.....

**FOR OFFICIAL USE**

Name of Receiving Officer.....

Designation..... Cell: ..... Date.....

Time of incident report: .....

Action Taken.....

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.....

Signature.....

KENYA SCOUTS ASSOCIATION HQs,  
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