REPUBLIC OF KENYA

MINISTRY OF HEALTH

VIOLENCE REPORTING FORM

Name of County: _____ Sub-county: _____

Ward: _____ Implementing partner: _____

Date: (dd/mm/yyyy): _____/_____/_____

KP unique identifier code_____

KP type (Tick appropriate): FSW MSM MSW PWID PWU TRANSMAN TRANSWOMAN

Name:					
Sex: 1. Male 2.Female					
Age:					
Place of incident:					
Date of incident:					
Time of the incident: AM ☐ PM ☐					
Was the abuse against: a) An individual b) Group					
The form of incident:	Harassment ☐	Verbal Abuse ☐	Discrimination ☐		
	Assault/physical abuse ☐	Rape/Sexual assault ☐	Illegal arrest ☐		
PERPETRATORS KP being Discriminated / Harassed / Abused by:					
Local gangs:	Yes ☐ No ☐		Family:	Yes ☐ No ☐	
Police:	Yes ☐ No ☐		Partner:	Yes ☐ No ☐	
General Public:	Yes ☐ No ☐		Health Provider:	Yes ☐ No ☐	
Clients:	Yes ☐ No ☐		Education Institution:	Yes ☐ No ☐	
Local Authority:	Yes ☐ No ☐		Neighbors:	Yes ☐ No ☐	
Community members:	Yes ☐ No ☐		Employer:	Yes ☐ No ☐	
Drug peddler:	Yes ☐ No ☐		Other KP (specify)_____		
Religious group:	Yes ☐ No ☐				
Pimps/Madam:	Yes ☐ No ☐				
Bar owners/managers:	Yes ☐ No ☐				
Date and time the crisis response team made its first attempt to address the incident through its staff ☐☐ ☐☐ ☐☐☐☐ Time am pm					
Type of post violence support provided					

Services	Duration of service	Provided within 5 days
Tick the applicable post rape care service provided		
a) HIV testing service		
b) Emergency contraception		
c) Complaint registration at police station (provide OB number)		
d) Psychosocial/trauma counselling		
e) PEP provided		
f) STI screening and treatment		
g) Legal support		
h) Medical examination		
i) PRC form filled		
j) Other services provided: specify:		
Non sexual violence		
a) Medical services and care		
b) Psychosocial/trauma counselling		
c) Complaint registration at police station (Provide OB number)		
d) Legal Support		
Where is the person now: Dead ☐ Imprisoned ☐ Hospitalized ☐ At home ☐ Safe space ☐		
Follow-up action plan:		
Date issue was completely addressed ☐☐ ☐☐ ☐☐☐☐		

Programme Officer (enter name):_____