



THE NATIONAL MECHANISMS FOR SAFETY OF JOURNALISTS  
PRIMARY DATA COLLECTION TOOL

Date \_\_\_\_\_

**Informant details**

**Name**

**Description where informant requests anonymity**

*(Informants are, however, encouraged to provide their names and full details)*

**Informant contacts** \_\_\_\_\_

**Relationship of informant and Victim** \_\_\_\_\_  
*(If report is made by victim – indicate SELF)*

**Name of the Victim** \_\_\_\_\_

**Contacts of the Victim (where victim and informant are different)** \_\_\_\_\_  
\_\_\_\_\_

**Date of offence/Incident** \_\_\_\_\_

**Where did the offence/Incident occur?** \_\_\_\_\_  
\_\_\_\_\_

**Provide a description of the perpetrator(s) (Include name, occupation/position if possible)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide a background/ Circumstances leading to the offence/Incident** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Was initial report made to the police?** *(If not yet, encourage the informant/victim to report to the Police ASAP)* \_\_\_\_\_

**(Date Reported)** \_\_\_\_\_

**(OB No)** \_\_\_\_\_

**List Exhibits collected from the scene** \_\_\_\_\_ **(These include photographs, sound recordings, physical exhibits etc** \_\_\_\_\_

*List Medical/Intervention Exhibits (These include medical reports, prescriptions etc* \_\_\_\_\_

**No. of witnesses** *(Witness details and statements to be provided sealed and in strict confidence )* \_\_\_\_\_

I..... **the informant herein do hereby consent to attend to Court and to investigative agencies to shed more light on the information contained herein, only subject to witness protection mechanisms where necessary).**

**FOR OFFICIAL USE ONLY**

**DATE REPORT RECEIVED** \_\_\_\_\_

**NAME OF RECEIVING OFFICER** \_\_\_\_\_

**ORGANIZATION OF RECEIVING OFFICER** \_\_\_\_\_

**SIGN** \_\_\_\_\_