

## Violence Against Women and Children

75 Mohakhali, Dhaka-1212

1	Information Sender									
	Name:	Mobile No	).:		Designation:		PIN:			
	Address	Division:			District:		Upazila:			
2	Source of Primary Information Provider (if "Individual")									
	Name:	Mobile No.:			Platform:					
	Gender:		Relationship With Survivor:							
	Source of Primary Informa	ation Provider (if "Source")								
	Source:		Source Name:							
	Address	Division:			District:		Upazila:			
	Union:	Village:			House:		Road:			
3	Particulars of Violence Inc	i Violence Incidents								
	Violence Category:		Violence Sub Category:			Violence Name:				
	/iolence Date: Violence T		Violence Time:	ne:		(Please Tick below one)				
						Union/Pourosova/City corporation				
	Reason of Violence:			Violence Description:		n:				
_										
4	Survivor Information	rmation								
	Name:	Father's Name:				Mother's Name:				
	Husband Name:	Phone Number:			Age:					
	Gender:		Religion:			Marital Status:				
	Economic Condition:		NID:		Birth Registration No.:					
	Occupation:	Organization Affiliation:			Place of incidents:					
	Disability Status:									
	Address	Division: District:		trict:		Upazila:				
	Union:	Village:		Но	use:		Road:			
5	Perpetrators Information	Information								
	Name:	Marital Stat				Gender:				
	Age:		Current place of perpetrators:			Occupation:				
		_		_						

	No. of perpetrator:	Survivor and perpetrator relationship:			f perpetrator is amily member:						
	Address	Division:		District:			Upazila:				
	Union:	Village:		House:			Road:				
6	Legal Initiatives										
•	Legal initiative:										
,	f Legal initiative, "Yes"										
	Name of Thana:	Name of t	he court:	Case/FIR/GD no.:	Case/FIR/GD no.:		Case/FIR/GD Date:				
,	If Legal initiative, "No"	gal initiative, "No"									
•	Reason of not filing a case against perpetrator:										
7	Information on survivors current situation										
	Survivors situation during data co	ollection:	Survivors place d	uring data collection:		Survivors received any support?					
8	Support for survivors										
	Date:		No Support Required: □								
	BRAC Support										
	Support Name:						Program Name:				
,	BRAC Support Description:										
	Other Organization Support										
	Support Name:						Program Name:				
,	Other Support Description:										