

CHILD LABOUR INCIDENT REPORT FORM

CONFIDENTIAL – Submit to Human Resources – HR Specialist (Labour Relations)/Compliance Officer

SECTION A: REPORT D	ETAILS								
Date of Report:	Date of Report:								
Name of Reporter:			Designation/Department:						
Contact Number:			Contact Email:						
<u>'</u>				•					
SECTION B: INCIDENT INFORMATION									
Date of Incident / Discovery:	cident / Discovery:			dent / Discove	ery:				
Location of Incident: (Site Area Department)			·		<u>.</u>				
Name of Alleged Minor:				Approxima	mate Age:				
Is the person employed direct		Мо	ntego Employee	L	abour Broke	r / Contractor			
Montego, or are they working a Labour Broker / Contractor									
Name of Labour Broker / (Contracto	r:							
(п аррпсаме)									
Nature of Work									
Observed or Alleged:									
(please describe in detail)									
Was the work hazardous, r	restricted,	, or non-compli	ant per OSHA/BC	EA? `	Yes No	☐ Not Sure			
If Yes, describe the									
hazard briefly:									
SECTION C: IMMEDIAT	E ACTIC	NI TAI/ENI							
	E ACTIC				1				
Reported to the Line Manager		HR Notifie		or removed om the task	Pr	noto/evidence secured (if appropriate)			
Describe action									
taken on site:									





SECTION D: ESCALATION DETAILS												
Escalated to:		HR Manage	er 🔲	Com	plianc	e Off	ficer	r Procurement Manage				ger
Method of Escalation:		Emo	lic 🔲			Ve	erbal			P	hone	Call
	Other	:										
Name of Person Escalated To:							ate of scalati					
	Lacdidiloti.											
SECTION E: VERIFICATION & FOLLOW-UP (To be completed by Human Resources or the Compliance Officer)												
ID/Birth Certificate Requested?					Yes		No		Not	Availa	able	
Parent/Guardian Contacted?						Yes		No				N/A
Was this incident found to be a confirmed breach of policy?						Yes		No		ln	Un vestiga	nder Ition
Remediation Steps												
Initiated:												
Is this part of a Supplier / Contractor breach?								Y	es			No
If yes, name of Supplier:												
Follow-up Audit scheduled	l?	Yes	Date:									No
SIGNATURES	Report Completed By:			/:	: Received By:							
Name:												
Date:												
Signature:												

