

## Annex 11M: Community Alert Reporting Form *[send this form immediately to your supervisor or nearby health facility]*

<b>Community alert reporting form</b>	
<b>[Send this form immediately to your supervisor or nearby health facility]</b>	
Name of person reporting: _____	
Designation: _____ Community _____	
Contact number: _____	
Type of illness/ Event to be reported (please describe): _____	
Date reporting (Date: day, month, year)	
What happened?	
When did this happen? (Date: day, month, year)	
Where did this happen? (Location-community, ward/sub-district, district)	
How many have been affected?	
Has anyone died? If yes, how many	
Are there sick or dead animals involved?	
Is the event ongoing?	
History of travel of affected individuals	
Has the event been triaged? Y/N	
Has the event been verified? Y/N	
Any other relevant information you might have	