**REPORTING FORM OF Α VICTIM OF HUMAN TRAFFICKING**

**TO THE NATIONAL REFERRAL MECHANISM (NRM)**

1. **Completion date**: Date
2. **Professional’s Organization/Service**: Please choose Please enter a text
3. **Department/Unit/Structure:** Please enter a text
4. **Professional's first and last name** *(for filing)*: Please enter a text
5. **Professional's personal phone number:** Please enter a text

**6. Victim's consent to admit to the NRM:** Yes ☐ No ☐[[1]](#footnote-1) Not applicable (child) ☐

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

**7. NRM entry code: [[2]](#footnote-2)**

**8. Case Registration Number:** Please enter a text

**Α. DEMOGRAFIC INFORMATION**

***At the time of the victim’s detection***

**A1. Sex** Please choose

**Α2. Does the victim consent to the filing of the sex as referred on identification documents?** Please choose

**Α3. Age** 1. Date of birth: Date 2. Age: \_\_\_\_\_\_ (If under 18) → Α4 3. Unknown ☐

**A4. Child unaccompanied or separated from those who have their custody?** Please choose

**A4.I. If yes, has there a Guardian been appointed?** Please choose

**Α5. Nationality** Please Choose

(Choose ‘’Stateless” if the person is not recognised as national by any State under the operation of its law)

**Α6. Native language** 1.Please enter a text2. Unknown ☐

**Α7. Other languages of communication** 1.Please enter a textPlease choose

2.Please enter a textPlease choose

**Α8. Pregnancy** (as declared by the victim) Please choose

**Α9. Children** *(the total number of children-underage or dependent adults accompanying the victim in Greece)* Please choose 2. Number of children \_\_\_\_\_\_\_

**Α10. Place of residence in Greece[[3]](#footnote-3):** Please choose.

City or nearest municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Unknown ☐

**Α11. Status of residence** *(even if the appropriate document is lost or withheld by the trafficking group)* Please choose

**Α12. Residence document's expiration date** 1. Date Date 2. Unknown ☐

**Α13. Has the victim ever been arrested in the past by the Greek Police for a crime allegedly committed while trafficked?** *(as declared by the victim)* Please choose

**A14. Exploitation for the 1st time?** Please choose

**Β. RECRUITMENT**

***Demographic data at the time of recruitment (B I - B VI)***

**BI. Marital status** *(as declared by the victim)* Please choose

**BII. Children** *(according to the victim’s statement)* Please choose 2. Number of children \_\_\_\_\_

**BIII. Form of household** *(as declared by the victim)* Please choose

**BIV. Education** *(completed years of education)* Please choose

**BV. Employment status** *(As declared by the victim, at the time of recruitment)* Please choose

**BVI. Place of residence (at the time of recruitment)**

1. Country Please enter a text 2. City *(if not a metropolitan area or municipality please note the closest one)* Please enter a text 3. Unknown ☐

**Β1. Recruitment’s starting date** Month Please choose Year Please choose Unknown ☐

**Β2. Means of recruitment** *(you can choose more than one)*

1. Coercion ☐ 1a Please choose 1b Please choose

2. Deception ☐ 2a Please choose 2b Please choose

3. Giving or receiving of payments or benefits to achieve the consent of a person having control over the victim (for example, this person may be the parent of a child victim) ☐

4. Abuse of power ☐

5. Exploitation of the vulnerable situation ☐ 5a Please choose 5b Please choose

6. Unknown ☐

**Β3. During the recruitment, it was used** *(you can choose more than one)* Choose an item.

**Β4. Recruiter’s Sex** Please choose

**Β5. Recruiter’s Nationality** 1. Please enter a text 2. Unknown ☐

**Β6. Recruiter’s Age** *(approximately*1. \_\_\_\_\_\_\_\_\_\_\_\_ 2. Unknown ☐

**Β7. Recruiter’s relation to the victim** Please choose

**Β8. The recruiter was the same person as** Please choose

*If there was another person involved in the recruitment: fill in B9 to B14*

**Β9. 2nd recruiter’s Sex** Please choose

**Β10. 2nd recruiter’s nationality** 1. Please enter a text 2. Unknown ☐

**Β11. 2nd recruiter’s age** (approximately)1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Unknown ☐

**Β12. 2nd recruiter’s relation to the victim** Please choose

**Β13. The 2nd recruiter is the same person as** Please choose

**Β14. Relation between the two recruiters** Please choose

**C. TRANSPORTATION/ TRANSFER**

**C1. Did a cross-border transfer of the victim take place?** Please choose

**C2. If yes, to which countries and cities?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **To country** | **City** | **Means of transportation** | **With whom did they travel?** |
| *1st* |  |  | Please choose | Please choose |
| *2nd* |  |  | Please choose |  | Please choose |
| *3rd* |  |  | Please choose |  | Please choose |

**C3. Was the border crossing point of entry to Greece controlled?** Please choose

**C4. If yes, describe the type of documents used at the point of entry** Please choose

**C5. Was the victim transported within Greece?** Please choose

**C6. If yes, to which cities/ locations?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **To country** | **City** | **Means of transportation** | **With whom did they travel?** |
| *1st* |  |  | Please choose | Please choose |
| *2nd* |  |  | Please choose |  | Please choose |
| *3rd* |  |  | Please choose |  | Please choose |

**C7. The person involved in transportation was the same person as** Please choose

**D. RECEPTION**

**D1. Has the victim’s RECEPTION taken place, including the exchange or transfer of control over the victim?** (**i.e., pick up from a means of transport)** Please choose

**D2.** **If yes, by which means?** (*you can choose more than one)*

1. Coercion ☐ 1a Please choose 1b Please choose

2. Deception ☐ 2a Please choose 2b Please choose

3. Giving or receiving of payments or benefits to achieve the consent of a person having control over the victim (for example, this person may be the parent of a child victim) ☐

4. Abuse of power ☐

5. Exploitation of the vulnerable situation ☐ 5a Please choose 5b Please choose

6. Unknown ☐

**Ε. HARBOURING**

**Ε1. Was there a kind of harbouring for the victim?** *(i.e., accommodation)*?Please choose

**Ε2.** **If yes, how?** *(**you can choose more than one)*

1. Coercion ☐ 1a Please choose 1b Please choose

2. Deception ☐ 2a Please choose 2b Please choose

3. Giving or receiving of payments or benefits to achieve the consent of a person having control over the victim (for example, this person may be the parent of a child victim) ☐

4. Abuse of power ☐

5. Exploitation of the vulnerable situation ☐ 5a Please choose 5b Please choose

6. Unknown ☐

**F. EXPLOITATION**

*(In case the exploitation had not taken place, do* ***not*** *answer Question F1)*

**F1. Exploitation's starting date (most recent)** 1. Month: \_\_\_\_\_\_\_ Year: \_\_\_\_\_\_ 2. Unknown ☐

**F3. Locations of (intended) exploitation** *(if the exploitation had taken place abroad, fill in only the country)* Please choose

**F4. Means and forms of exploitation** *(up to three options)*

Sexual: Please choose

Labour: Please choose

Other forms: Please choose

**\*If you have chosen 11, 12, 13, 14, 22 please specify**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F5. Means of control** *(choose up to three)*

1. Coercion ☐ 1a Please choose 1b Please choose

2. Deception ☐ 2a Please choose 2b Please choose

3. Giving or receiving of payments or benefits to achieve the consent of a person having control over the victim (for example, this person may be the parent of a child victim) ☐

4. Abuse of power ☐

5. Exploitation of the vulnerable situation ☐ 5a Please choose 5b Please choose

6. Unknown ☐

**F6. Exploiter's Sex** (*the main person in touch with the victim during the exploitation)* Please choose

**F7. Exploiter's nationality** 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Unknown ☐

**F8. Exploiter's age** (approximately)1. \_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Unknown ☐

**F9. Exploiter's relation to the victim** Please choose

*If there was another exploiter: fill in F10 to F14*

**F10. 2nd exploiter's sex** Please choose

**F11. 2nd exploiter's nationality** 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Unknown ☐

**F12. 2nd exploiter's age** (approximately)1. \_\_\_\_\_\_\_\_\_\_\_ 2. Unknown ☐

**F13. 2nd exploiter's relation to the victim**Please choose

**F14. Relationship between the two exploiters** Please choose

**F15. Exit/escape from the trafficking situation** Please choose

**F16. Date of exit** 1. Date 2. Unknown ☐

**F17. Means of exit/escape from the human trafficking situation** Please choose

**G. PROCEDURE GRANTING HUMAN TRAFFICKING VICTIM STATUS**

**G1. At what stage is the procedure?** Please choose

**G2. When did the victim first contact the Police or other Authorities?**

1. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Unknown ☐

**G3. Was a reflection period given?** [[4]](#footnote-4)Please choose

**G4. Reflection period**

1. Starting date ☐ 1α. Date 1β. Unknown ☐ 2. Completed ☐ 2α. Date 2β. Unknown ☐

**G5. Note the public prosecutor's office responsible for the recognition procedure or the reflection period** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Η. PROTECTION**

**H1. Victim’s contact with the Organization** Please choose

**Η2. Did the victim receive protection services from your organization?**

1. Yes ☐--> q. Η54 2. No ☐--> q. Η3

**Η3. If not, why?** Please choose.

**Η4. In case of a minor, was the Juvenile Prosecutor, or the competent Prosecutor notified?** Please choose

**Η5. Protection services provided by your Organization** *(you can choose more than one)*

**a. Accommodation of a single person** Please choose

**b. Accommodation with children** Please choose

**c. Social support**  Please choose

**d. Psychological support** Please choose

**e. Interpretation** Please choose

**f. Medical care** Please choose

**g. Material support** Please choose

**h. Support in Legal procedures (i.e., written statement for characterization, certificate for asylum procedure, translation or other fees)** Please choose

**i. Legal Counselling** Please choose

**j. Legal Representation** Please choose

**k. School Enrollment** Please choose

**l. Vocational training/Learning foreign languages** Please choose

**m. Learning Greek** Please choose

**n. Child protection services** (*regarding the children that the victim accompanies)*Please choose

**o. Job search support** Please choose

**p. Job placement**  Please choose

**q. Alcohol or drug rehabilitation program** Please choose

**r. Assistance for Repatriation** Please choose

**s. Assistance for the relocation to a third country** Please choose

**t. Escort** Please choose

**u. Other** (*specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please choose

**Η6. Was the victim referred to receive protection services?** Choose an item.

**Η7. If yes, to which organization and for what type of services?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Η8. If not, why?** Please choose

**I.CRIMINAL PROCEEDINGS- VICTIM’s COOPERATION**

**I1. Did the victim consent to cooperate with the Police?**

1. Yes ☐ --> q.I2 2. No ☐--> q. I3 3. Not required [ ]  4. Unknown ☐

**I2. If yes, indicate the Police Department the victim cooperated with:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I3. If not, why?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I4. Victim's participation in the investigation and/or criminal proceedings and if during this time, protection was provided** *(you can choose more than one)*

Please choose Please choose Please choose

**I5. First time contact with the Police Authorities (even before an official statement)**

1. Date 2. Unknown ☐

**I6. Did the victim appear before a judicial authority at any time (Public prosecutor, Investigating Judge, Court)?** 1. Yes ☐ --> q.I7 2. No ☐--> q.I8 3. Unknown ☐

**I7. When did the victim appear for the first time before a judicial authority?** 1**.**Date 2. Unknown ☐

**I8. If not, why?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**J. COMPENSATION**

**J1. Did the victim receive any type of compensation?**

1. Yes ☐ --> q.J2 2. No ☐ 3. In progress ☐ (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Unknown ☐

**J2. If yes, from which Authority?** Please choose

1. If the victim does not consent to be reported to the NRM, the Reporting Form is filled in and sent to EKKA **without** an Entry Code (Question 7). [↑](#footnote-ref-1)
2. It is an **11- digit** code formed as follows (capital letters, in Latin characters): Using the first 2 letters of the victim’s first **name**, the first 2 letters of their **surname**, the 1st letter of their **father**’sname, the 1st letter of their **mother**’s name, the last 2 digits of the victim’s year **of birth**, and the three-digit abbreviation of their **country** of origin (you can find the country and area codes [here](https://ekka.org.gr/images/KOINONIKON-PAREMBASEON/%CE%9B%CE%AF%CF%83%CF%84%CE%B1_%CE%A7%CF%89%CF%81%CF%8E%CE%BD.pdf)).

For any information that is unknown fill in (a) dash(es): **(-)**.  [↑](#footnote-ref-2)
3. At the time of detection. [↑](#footnote-ref-3)
4. Reflection period as mandated by law and given by the public prosecutor’s office [↑](#footnote-ref-4)