

(FOR OFFICIAL USE ONLY)

File # _____

File name _____

Received on: _____

PUBLIC SERVICE EFFICIENCY MONITORING FORM

1. Monitoring Information Submitted by:

Name of monitoring person(s) or agency	Name of Country/ Focal Integrity Team (i.e. FIT Zimbabwe)	Date

2. Source person or agency

Name of source person	Source person's relation to event: (e.g. service seeker, official, witness)
Does the source person agree for his name to be publicly disclosed? (Yes or no). Please make the person fully aware of the implications of disclosing his/her identity.	

(If more than 1 source, please add tables)

3. Event Information

Time and place of the event: <i>(Please give as much detail about location as possible)</i>

Summary description of event (Including total number of persons negatively affected by event): <i>(Please do not exceed space provided. If required, please attach a separate narrative to this form, in addition to this summary)</i>

The affected person(s) may have been subject to a number of violations during the event described this form. *(Please select violations from the list below)*

Inefficiency Traits	Tick	Period
Nepotism, negative ethnicity		
Patronage, use of godfathers		
Lack of merit in recruitments and promotions		
Absence of a clear centralized employment policy/arbitrary hiring and firing		
Poor or lack of training/ poor quality services		
Procurement problems/ lack of transparency and clarity		
Insubordination		
Time wasting/ private affairs at work place		
Incompetence, inability to deliver		
Misuse of resources/ facilities /funds		
Uncomputerized records system, missing of files, tampering with records		
Lack of clear information sharing structure		
Too much secrecy/ cover-ups		
Groupthink/ personality cults		
Centralized decision-making		
Unexplained/ unjustified dismissals		
Absence of performance targets/ standards, work ethic		
Impunity, negligence, laxity		
Poor remuneration, huge gap between top earners and low earners, low morale		
Bloated civil service, ghost workers		
<i>Other (specify)</i>		

4. Individual information - Person(s) negatively affected by the inefficiency

Name of person <i>(and nickname, if available)</i>		Age:	Sex:	Marital status:	
			M	Single	
			F	Married	
				Divorced	
				widowed	
Place of residence (country, region, district, settlement, town, village)					
Father's name, Mother's name:					
Tribe of the person		Clan	Other clan information		
Other relevant identity information: (e.g. religion, professional occupation)					
Which categories does this person fall into?					
child	<input type="checkbox"/>	resident	<input type="checkbox"/>	ethnic minority	<input type="checkbox"/>
IDP	<input type="checkbox"/>	refugee	<input type="checkbox"/>	prisoner	<input type="checkbox"/>
disabled	<input type="checkbox"/>	religious minority	<input type="checkbox"/>	investor	<input type="checkbox"/>

(If more than 1 person is negatively affected, and individual details are relevant, add tables. You may also choose to use a separate form per person, or complete the group section below)

4A. Group information *(please use this when individual identities are not relevant for documenting the event)*

Description of group					
Other relevant identity information: (e.g. nationality, tribe, religion, professional occupation)					
Place of residence (settlement, district)					
Do group members fall into any of these categories?					
child	<input type="checkbox"/>	resident	<input type="checkbox"/>	ethnic minority	<input type="checkbox"/>
IDP	<input type="checkbox"/>	refugee	<input type="checkbox"/>	prisoner	<input type="checkbox"/>
disabled	<input type="checkbox"/>	religious minority	<input type="checkbox"/>	investor	<input type="checkbox"/>
Group breakdown by number, age and sex:					
Female children	Male children	Female adults	Male adults		

5. Alleged offenders(s)

5.1.1 Individually Identified Alleged offenders

Name of alleged offender (e.g. unknown, nickname)					
Identity information: (e.g. place of work, sex, rank, tribe, clan) <i>(please mention as much detail as possible, indicating the quality of data)</i>					
Relation between alleged offender and affected person(s)					
no known link	<input type="checkbox"/>	employer/recruitment officer	<input type="checkbox"/>	Member of parliament	<input type="checkbox"/>
fellow citizen	<input type="checkbox"/>	security officer	<input type="checkbox"/>	judicial official	<input type="checkbox"/>
public servant	<input type="checkbox"/>	community/village member	<input type="checkbox"/>	public health worker	<input type="checkbox"/>
political leader	<input type="checkbox"/>	local authority	<input type="checkbox"/>	Customs officer	<input type="checkbox"/>
Other:					

(If more than 1 alleged perpetrator is involved, and individual details are relevant, add tables. You may also choose to complete the group section below, or use a separate form per alleged perpetrator)

5.1.2 Group of Alleged Offenders

Name and/or description of group
Identity information: (e.g. professional occupation, positions, political affiliations)
Other relevant information

5.2 Further Information about Alleged Offender (s)

Is (are) alleged offender(s) affiliated with a group/authority? (e.g.).					
Military/police	<input type="checkbox"/>	religious group	<input type="checkbox"/>	political party official	<input type="checkbox"/>
Judicial official	<input type="checkbox"/>	organized criminal group	<input type="checkbox"/>	foreign agency	<input type="checkbox"/>
Ethnic group	<input type="checkbox"/>	corrupt syndicate	<input type="checkbox"/>	government official	<input type="checkbox"/>
Other:					
Please briefly describe possible reasons: (E.g. criminal or impunity, political or administrative, one-off or systematic, indiscriminate or targeted)					
Is type of inefficiency likely to repeat itself?					

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6.0 Intervention

6.1 Actions taken to date

Action by Person(s) affected by the offense
Action by Authorities: (e.g. statutory agencies, state officials, commissions, courts, police)
Action by Other: (e.g. civil society monitors, independent investigative organizations, multi-lateral partners)

6.2 Planned further actions:

Action by Person(s) affected by the offense
Action Authorities: (e.g. statutory bodies, commissions, state officials, courts, police)
Action by Other: (e.g. civil society monitors, independent organizations, multi-lateral partners)

6.3 Conclusions and Recommendations

Briefly state your conclusions and recommendations for this case. Also indicate relevant security and confidentiality aspects.

7.0 Evidence

Evidence (where applicable) Please tick evidence attached					
Signed statement of offended service seeker	<input type="checkbox"/>	Signed statement of the witness (es)	<input type="checkbox"/>	Signed statement of the alleged offender(s)	<input type="checkbox"/>
Newspaper cutting(s)	<input type="checkbox"/>	Recorded tapes	<input type="checkbox"/>	Photos/clips	<input type="checkbox"/>
Court records/commission records	<input type="checkbox"/>	Declaration(s) by an investigative agency	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Include the reference numbers of each of the pieces of evidence e.g. Event-Place-month-year-Evidence Number (1, 2, 3 etc)					