Humanitarian Needs Identification Form

Report of a humanitarian need within a response

H1. GPS Coordinates **Decimal format**	±dd.dddd °	±ddd.dddd °	

H2. Team ID		H3. Date	DD/MM/YYYY	H4. Time	HH:MM

H5. Address/area

H6. Type of Issue and brief description:

Health   Shelter   Food and nutrition   Water and Sanitation   Logistics   Other

H7. Brief description of situation

H8. Other Information:

Form completed by:	Name:		Title/position:	