

MODEL COMPLAINTS REFERRAL FORM (SEXUAL EXPLOITATION AND ABUSE)

Name of Complainant: _____ Ethnic origin/Nationality: _____
Address/Contact details: _____ Identity no: _____
Age: _____ Sex: _____

Name of Victim (if different from Complainant): _____ Ethnic origin/Nationality: _____
Address/Contact details: _____ Identity no: _____
Age: _____ Sex: _____
Name(s) and address of Parents, if under 18: _____
Has the Victim given consent to the completion of this form? ☐ YES ☐ NO

Date of Incident(s): _____ Time of Incident(s): _____ Location of Incident(s): _____

Physical & Emotional State of Victim (Describe any cuts, bruises, lacerations, behaviour, and mood): _____

Witnesses' Names and Contact Information: _____

Brief Description of Incident(s) (Attach extra pages if necessary): _____

Name of Accused person (s): _____ Job Title of Accused person(s): _____

Organization Accused person(s) Works For: _____

Address of Accused person(s) (if known): _____

Age: _____ Sex: _____

Physical Description of Accused person(s): _____

Have the police been contacted by the victim? ☐ YES ☐ NO If yes, what happened? _____

If no, does the victim want police assistance, and if not, why? _____

Has the victim been informed about available medical treatment? ☐ YES ☐ NO

If Yes, has the victim sought Medical Treatment for the incident? ☐ YES ☐ NO

If Yes, who provided treatment? What is the diagnosis and prognosis? _____

What immediate security measures have been undertaken for victim? _____

Who is responsible for ensuring safety plan (Name, Title, Organisation): _____

Any other pertinent information provided in interview (including contact made with other Organisations, if any): _____

Details of referrals and advice on health, psychosocial, legal needs of victim made by person completing report: _____

Report completed by: _____

Name

Position/Organisation

Date/Time/Location

Has the Complainant been informed about the Organisation's procedures for dealing with complaints? ☐ YES ☐ NO

Signature/thumb print of Complainant signaling consent for form to be shared with relevant management structure* and SRSG/RC/HC:

Complainant's consent for data to be shared with other entities (check any that apply): _____

Police ☐ Camp leader (name) ☐ _____ Community Services agency ☐ _____

Health Centre (name) ☐ _____ Other (Specify) ☐ _____

Date report forwarded to relevant management structure*: _____

Received by relevant management structure*: _____

Name

Position

Signature

(*Relevant management structure is the Head of Mission or the official to whom he/she has delegated authority for disciplinary matters)

**ALL INFORMATION MUST BE HELD SECURELY AND HANDLED STRICTLY IN LINE WITH
APPLICABLE REPORTING AND INVESTIGATION PROCEDURES**