

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
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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 relevant management structure*: _____

Received by relevant management structure*: _____

Name	Position	Signature
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(*Relevant management structure is the official(s) responsible for sexual exploitation and abuse issues in the Headquarters of the Organisation where the Accused person works)

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