

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**