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| **INTER-AGENCY COMPLAINTS REFERRAL FORM (SEXUAL EXPLOITATION AND ABUSE)**  Information in this form is CONFIDENTIAL. All Forms must be PASSWORD PROTECTED.  **Submit this form to the Iraq PSEA Network Confidential email: Iraq-psea@un.org** | | | | | | | |
| Name of Complainant: | | | | Nationality: | | | |
| Address (district/street/city, **or** camp sector & tent/caravan no.): | | | | Contact details (phone/email): | | | |
| Age: | | | | Gender: | | | |
| How does complainant prefer to be contacted *(Give details. If a phone, include any person (i.e. spouse) who may have access to it):* | | | Preferred time of day for contact (day/night) | | | | Preferred language |
|  | | | | | | | |
| Name of survivor (and nickname)\*:  *(if not the complainant)* | | | | Nationality: | | | |
| Address: | | | | Contact details: | | | |
| Age: | If under 18:  With family Unaccompanied Separated | | | Gender: | | | |
| Name(s) and address of parent/guardian, if under 18: | | | | | | | |
| How does complainant prefer to be contacted (Check relevant box(s) and give details):  Phone Email Via family Other | | | | | | | |
| Has the survivor given consent to the completion of this form and referral?  Yes No Don’t know | | | | | | | |
| Any urgent needs identified for the survivor/complainant including safety concerns? Please explain. | | | | | | | |
|  | | | | | | | |
| Date of incident(s): | | Time of incident(s): | | | | Location of incident(s): | |
| Description of incident(s) in the words of the survivor/complainant: | | | | | | | |
| Name (and nickname) of alleged perpetrator (person): | | | | | | | |
| Name of the humanitarian/development entity the alleged perpetrator belongs to: | | | | | | | |
| Position/Job title of perpetrator: | | | | | | | |
| Type of the entity (please select): Choose an item. | | | | | Other: | | |
| Address or location of the entity: | | | | | | | |
| Has the survivor been referred to an organization for assistance (give details on organization and services provided): | | | | | | | |
| Any other information/details: | | | | | | | |
|  | | | | | | | |
| Report completed by: | | | | | | | |
| Date: | | | | | | | |

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