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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 |
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| 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. |
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| 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: |
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| Report completed by: |
| Date: |

Iraq

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