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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. |
| Name of complainant: | Nationality: |
| Address (district/street/city): | Contact details (phone/email): |
| Age: | Gender: |
| How does complainant prefer to be contacted:*(Check relevant box(s) and give details)*☐Phone ☐Email ☐Other | Preferred time of day for contact (day/night): | Preferred language: |
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| Name of survivor:*(If not the complainant)* | Nationality: |
| Address (district/street/city): | Contact details (phone/email): |
| Age: | If under 18:☐With family ☐Unaccompanied ☐Separated | Gender: |
| Name(s) and address of parent/guardian, if under 18: |
| Has the survivor given consent to the completion of this form and referral?☐Yes ☐No ☐Don’t know |
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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 of alleged perpetrator: | Address of alleged perpetrator (if known): |
| Organisation alleged perpetrator works for: | Job title of alleged perpetrator: |
| Age: | Gender: |
| Physical description of alleged perpetrator: |
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| Any urgent needs identified for the survivor/complainant including safety concerns? Please explain. |
| Has the survivor been referred to an organization for assistance? Please explain. |
| Have the police or other relevant authorities been contacted by the victim? Please explain. |
| Any other information/details: |
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| Report completed by: |
| Date: |