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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: |
|  | | | | | |
| 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 | | | | | |
|  | | | | | |
| 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: | | | | | |