

## 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

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

(\*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**