



INTER-AGENCY REFERRAL FORM FOR COMPLAINTS ABOUT SEXUAL EXPLOITATION AND ABUSE (in the context of the refugee response in Poland)

Please refer to the one-pager with instructions on how to fill this form and what to do with it once completed.

REMEMBER: All cases must be handled confidentially and with a survivor-centred approach.

If the survivor(s) is (are) in need of medical, psychological and/or legal support, please contact the GBV focal point in your organisation and/or activate the GBV referral pathways for

Poland available on: <https://data.unhcr.org/en/documents/details/94681>

INFORMATION ABOUT THE COMPLAINANT

Name of Complainant: Name of Organisation: Address: Phone number: Email address: Other contact details:	Nationality/Ethnic origin: Document of Identity number: Gender (male, female, non-binary, prefer not to say): Age:
--	---

How does the complainant prefer to be contacted (channel)?

Preferred time of day for contact (day/afternoon/night):

What is the complainant's preferred language for communication (circle the best option)?

Ukrainian / Russian / Romani / Belarusian / Romanian / English/ Polish/Ukrainian Sign Language / Other:_____

INFORMATION ABOUT THE SURVIVOR

(Consent must be obtained before collecting any identifying information for the survivor)

Name (and nickname) of survivor (if not the complainant): Address: Phone number: Email address: Other contact details:	Ethnic origin/Nationality: Document of Identity number: Gender (male, female, non-binary, prefer not to say): Age:
--	---

How does the survivor prefer to be contacted (channel)?

Preferred time of day for contact (day/afternoon/night):

What is the survivor's preferred language for communication (circle the best option)?

Ukrainian / Russian / Romani / Belarusian / Romanian / English/ Polish/Ukrainian Sign Language / Other:_____

Has the survivor given consent for the completion of this form and referral (circle the best option)?

Yes / No / Don't know

Any urgent needs identified for the survivor/complainant, including safety concerns? Please explain:



Has the survivor been referred to an organisation for assistance (please give details about the organisation's name and services provided):

If victim/survivor is a minor (under 18 years-old):

Name(s) and contact details of parent/guardian:

The minor is (circle the best option): with family / unaccompanied / separated.

INFORMATION ABOUT THE INCIDENT

(Please complete only the parts on which you have information. Do not contact the survivor to answer all questions.)

Date of incident(s):

Location of incident(s):

Time of incident(s):

Brief description of incident(s) in the words of the survivor / complainant:

Name (and nickname) of alleged perpetrator:

Name of the humanitarian organisation the alleged perpetrator belongs to:

Position / Job title of alleged perpetrator:

Type of entity (circle the best option):

UN Agency / International NGO / Local NGO / Civil Governmental Actor / Non-Civil Governmental Actor / Volunteer / Other (please specify).

Address or location of the organisation where the alleged perpetrator works:

Any other information/ details considered useful:

INFORMATION ABOUT THE AGENCY OR ORGANISATION FORWARDING THE COMPLAINT

Report completed by (Name of PSEA focal point):

Position/Job title:

Name of the organisation for which the PSEA focal point work:

Date completed:

**INFORMATION ABOUT THE AGENCY OR ORGANISATION RECEIVING THE COMPLAINT
(ACKNOWLEDGMENT OF RECEIPT)**

Report completed by (Name of PSEA focal point):

Position/Job title:

Name of the organisation for which the PSEA focal point work:



Regional Refugee Response
for the Ukraine Situation
PSEA NETWORK, POLAND

Date received: