

ANNEX 3:

SEXUAL EXPLOITATION AND ABUSE COMPLAINT REFERRAL FORM¹

(to be completed by Focal Point or staff who receives the complain)

The form would be submitted to Complaints and Response Committee

Name of Complainant: _____ Ethnic origin/Nationality _____
Address/Contact details: _____
Age: _____ Sex: _____

Name of Victim (if different from Complainant): _____ Ethnic origin/Nationality: _____
Address/Contact details: _____
Age: _____ Sex: _____
Name(s) and address of Parents, if under 18 years: _____

Has the Victim given consent to the completion of this form? <input type="checkbox"/> YES <input type="checkbox"/> NO
If the victim is a minor, are parents involved in placing a complaint on his/her behalf?

Date of Incident(s): _____ Time of Incident(s): _____ Location of Incident(s): _____

Physical & Emotional State of Victim (Describe any cuts, bruises, lacerations, behavior, 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): _____

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 advice did you provide the victim? what action did you take?

What immediate security measures have been undertaken for victim? _____

Any other pertinent information provided in interview (including contact made with other _____ Organizations, if any):

Details of referrals and advice on health, psychosocial, legal needs of victim made by person completing report:

Report completed by: _____

Name _____ Position/Organization _____ Date/Time/Location _____

Has the Complainant been informed about the Organization's procedures for dealing with complaints? YES NO

Signature/thumb print of Complainant signaling consent for form to be shared with relevant management structure*:

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 to Complaints and Response Committee*: _____

Received by Complaints and Response Committee*: _____

Signature	Name	Position
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**ALL INFORMATION MUST BE HELD SECURELY AND HANDLED STRICTLY IN LINE WITH
APPLICABLE REPORTING AND INVESTIGATION PROCEDURES
CONFIDENTIALITY MUST BE MAINTAINED AT ALL TIMES**