

TOOL 5

INTER-AGENCY COMPLAINTS REFERRAL FORM (FOR SEXUAL EXPLOITATION AND ABUSE / SEXUAL HARASSMENT)

* Information contained in this form is CONFIDENTIAL. All Forms must be PASSWORD PROTECTED.

 <https://enketo.unhcr.org/x/#psDGQsdd>

Name of Complainant: _____ Ethnic origin/Nationality: _____
Address: _____ Identity no: _____
Age: _____ Sex: _____
How does complainant prefer to be contacted (give details): _____

Name of survivor (if not the complainant): _____ Ethnic origin/Nationality: _____
Address/Contact details: _____ Identity no: _____
Sex: _____ Age: _____

Name(s) and address of parent/guardian, if under 18: _____
How does survivor prefer to be contacted (give details): _____
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): _____

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

Name of accused person(s): _____ Position / Job title of person(s): _____

Service provider/agency accused person(s) works for: _____

Address or location where accused person(s) works: _____

AGENCY RECEIVING COMPLAINT

Name of PSEA Focal Point: _____ Name of person completing form: _____ Position / Job title: _____

Agency: _____ Signature: _____ Date completed: _____

REFERRAL TO AGENCY OF CONCERN PSEA FOCAL POINT

Name of agency/name of person (PSEA Focal Point) report forwarded to: _____

Name and position of person report forwarded to: _____

Date of referral: _____

ACKNOWLEDGMENT OF RECEIPT

Name: _____ Agency: _____ Position / Job title: _____

Signature: _____ Date received: _____