**Inter-Agency SEA Complaint Intake and Referral Form**

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| *GUIDANCE FOR RECEIVING, RECORDING & REFERRALS* |
| *You may be made aware of an incident of SEA through service provision or by witnessing some trends. A complainant maybe the survivor, community member, aid worker (either from the same organisation or not), security personnel, government staff e.t.c. In the event you have been made aware or been approached with information regarding an incident of Sexual Exploitation and Abuse (SEA), pay attention to the following while receiving the complaint:*   * *React calmly and listen carefully to what is being said.* * *Reassure the complainant that he or she has right to raise the concern. Provide a safe, caring environment and respect the confidentiality and wishes of the survivor* * *Address the issue of Mandatory Reporting and Seek consent for Service Provision and to participate in the PSEA Mechanism. (see SOPs for PSEA - key principles), staff members are obliged to report complaints, while reassuring the complainant that information will be kept confidential and only be shared on a “need to know” basis* * *Ask only relevant questions required to gain a clear understanding of the complaint so that it can be passed on via [AGENCY NAME]’s reporting procedures.* * *Ensure that the survivor/complainant’s safety is not at risk.* * *Consider (prioritise) the survivor’s need for services including medical attention and use the available GBV referral pathway if available or seek advice from a GBV specialist.* * *Recording of information, suspicions or concerns needs to be as clear as possible, as it may be used in subsequent disciplinary or legal action. i.e. Correct names of all involved, identity numbers of witnesses, victims, and if possible photo records of the subject.* * *The nature of the complaint. An accurate account of what was said by the complainant in her/his own words. A description of any visible sign of abuse or other injuries including a body map, maybe helpful.* * *Key observations while receiving the complaint: Times, locations, dates given, whether anyone else knows or has been given information, whether survivor has accessed services.* * *Inform the complainant of the next steps in the procedure.* * *Report the complaint (using the form below), through confidential email address:* [*nga.psea@humanitarianresponse.info*](mailto:nga.psea@humanitarianresponse.info) *or Call Toll-free line 0800-000-2022 or your PSEA Focal Point, at the earliest opportunity.* |
| PLEASE NOTE THIS INFORMATION SHOULD BE KEPT CONFIDENTIAL |

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| **Details of the Complainant:** | | | | | | |
| Name of Complainant: | | | | Nationality: | | |
| Age: | | | | Sex: | | |
| Position/Identity Number: | | | | Address/Contact Details: | | |
| **Details of Victim/Survivor:** | | | | | | |
| Name of victim/survivor (if not the complainant): | | | | Nationality: | | |
| Age: | Sex: | | | Pregnancy involved? YES: NO: | | |
| Address/Contact Details: | | | | Identity No. | | |
| Name (s) & address of parents/legal guardian, if under 18: | | | | | | |
| Is the victim/survivor receiving any type of humanitarian assistance? (Name the organisation/agency providing assistance): | | | | | | |
| Has survivor given consent for service provision? | | | | YES: NO: I DON’T KNOW: | | |
| Has survivor/complainant given consent to participate in the PSEA mechanism? | | | | YES: NO: I DON’T KNOW: | | |
| **Details of Incident(s):** | | | | | | |
| Date of incident(s): | Time of incident(s): | | | | Location of incident(s): | |
| Brief description of incident(s) in the words of the survivor / complainant: | | | | | | |
| Briefly describe service(s) provided or referral made for service provision to survivor: | | | | | | |
| Is the perpetrator a continuing threat to the safety of the survivor, complainant, staff or any beneficiary? Please explain any safety concerns: | | | | | | |
| **Alleged Perpetrator Details:** | | | | | | |
| Name of accused person(s): | | | | Position / Job title of person(s): | | |
| Agency accused person(s) works for: | | | | Nationality: | | |
| Address or location where accused person(s) works: | | | | | | |
| **Agency receiving complaint:** | | | | | | |
| Agency and Name of person completing form: | | | | Position / Job title: | | |
| Contacts (Email & Tel): | | Signature: | | | | Date: |
| **Referral to CBCM/Agency of Concern /PSEA Focal Point** | | | | | | |
| Name of agency report forwarded to: | | | Date of referral: | | | |
| Name and position of person report forwarded to: | | | | | | |

Send Completed form to the following confidential email address: [nga.psea@humanitarianresponse.info](mailto:nga.psea@humanitarianresponse.info) Call Toll-free line 0800-000-2022