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| **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*](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):    Time of incident(s): | Location 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:  Date received: | |