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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 knowAny 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: |