

Record of Informed Consent for SEA Complaint and Service Referral in Moldova

This form must be read to the survivor or complainant, or their legal representative in their native language. It should be clearly explained that she or he can choose any or none of the options listed.

If the victim/survivor or complainant can sign, have her/him sign. If not, get her fingerprint. The information must be protected in accordance with the wishes of the victim/survivor or complainant, respecting any restrictions that the she or he determines.

Consent is being seek from:

- Survivor/Victim
- Complainant
- Survivor/Victim is also the Complainant

A) I grant my authorization to share specific identifiable information of the case to the concerned agency, in order to continue with the procedure established for the SEA complaint.

- YES No

In case the complainant/survivor does not provide consent for the specific information of the case to be shared with the organization to which the alleged perpetrator works for, you should inform them once again on your duty to report allegations of SEA. In this case, the SEA complaint will be referred to the concerned agency without their personal identifying information.

While the survivor has the right to not to be involved in the investigation process of the case and to dictate their level of involvement, typically, at minimum, complainant's contact information (if different from the survivor) is required for an investigation to take place.

If the survivor is also the complainant and does not consent to sharing their personal information, they should be informed of the challenges this presents for follow-up and investigations. It is important to do so in a non-pressuring way with the goal of simply informing the survivor.

Also emphasize that regardless of what complainant/survivor chooses for section A in regards to sharing of identifiable information that this in no way prevents service referral. The importance of service referral should be mentioned but your goal should be to empower survivor to determine whether and which services he/she wants to be connected to.

B) I grant authorization for my information to be shared for the purpose of service referral, according to the process I specify below.

YES

No

I, _____ (Write Name), give my permission for the agency/organization (name/s) _____ (Write Name of agency starting service referral) to share information about the reported complaint as explained below for the purpose of service referral.

GBV Case management services (specify): _____

Health/medical services (specify): _____

Security services (specify): _____

Psychosocial support or Mental health services (specify): _____

Legal services (specify): _____

Emergency shelter or transportation services (specify): _____

Cash/Material Assistance: _____

Support for children born as a result of SEA: _____

Other (specify): _____

I understand that the information shared will be treated with confidentiality and respect, and will be shared only as necessary to provide the assistance I require.

Signature/fingerprint of survivor:

Signature / fingerprint of the legal representative (if applicable) or parent/guardian if victim is under 18:

Focal Point Name: _____ Date: _____