**Protection From Sexual Exploitation and Abuse (PSEA) Network Türkiye**

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| **ALLEGATION REPORTING AND REFERRAL FORM FOR SEXUAL EXPLOITATION AND ABUSE COMPLAINTS** | | | | | |
| This form has been created to assist you in reporting and referring information you may receive about an alleged SEA incident to 1) the PSEA focal point within your organization; 2) the PSEA focal point within another organization, or 3) to seek assistance from a GBV focal point. Before proceeding, please review the [**Guidance on Use of Reporting and Referral Form for SEA Allegations.**](https://data2.unhcr.org/en/documents/details/105530)  Reporting an alleged incident is a delicate task, so please secure assistance from designated SEA or GBV focal points as needed.  ***Important Note:*** *Information related to an alleged SEA incident must be handled confidentially and with a survivor-centered approach. Information included in this form is confidential and highly sensitive, therefore when sharing the form during reporting or referral procedures, the form should be password protected.* | | | | | |
| **Information about the Referring Entity** | | | **Information about the Receiving Entity** | | |
| Name of referring entity:  Click here to enter text. | | | Name of receiving entity:  Click here to enter text. | | |
| Name of referring focal point:  Click here to enter text. | | | Name of receiving focal point:  Click here to enter text. | | |
| Address:  Click here to enter text. | | | Address:  Click here to enter text. | | |
| Phone number:  Click here to enter text. | | | Phone number:  Click here to enter text. | | |
| Email address:  Click here to enter text. | | | Email address:  Click here to enter text. | | |
| Was a preliminary touch base already undertaken with the receiving entity?  Yes  No | | | Date of referral: Click here to enter a date. | | |
| **Information about the Complainant** *Important Note:**Consent must be obtained in accordance with the Law on Protection of Personal Data No. 6698, before collecting and sharing any identifying information about the complainant.* | | | | | |
| Name-SurnameClick here to enter text. | | | | | |
| Place of residence and current address:  Click here to enter text. | | | | | |
| Gender:  Choose an item. | | | | | |
| Date of birth:  Click here to enter a date. | | | | | |
| If under 18:  Unaccompanied  Separated  With family or a caregiver  Residential care  Foster care | | | | | |
| Name(s) and address of parent/guardian, if under 18:  Click here to enter text. | | | | | |
| Nationality:  Click here to enter text. | | | | | |
| Registration/documentation status with the Presidency of Migration Management (applicable for foreigners):  Choose an item. | | | | | |
| Spoken language(s):  Arabic  Turkish  Farsi  Kurdish  English  Other (please specify): Click here to enter text. | | | | | |
| The preference of the complainant regarding the gender of receiving focal point: Choose an item. | | | | | |
| The preference of the complainant regarding the gender of the interpreter (when the person is a foreigner): Choose an item. | | | | | |
| Disability Status  *Based on an individual level assessment using the Washington Group Short Set of Questions, please note if the complainant has any difficulties with the below functions.*  Difficulties Seeing  Difficulties Hearing  Difficulties Walking/Climbing Steps  Difficulties Remembering/Concentrating  Difficulties with Self-Care  Difficulties with Communication  Does the complainant have a known disability or specific need that needs to be considered during the referral process? If yes, please indicate the type of disability or specific need: Click here to enter text. | | | | | |
| Safe contact can be made by:  Choose an item. | During these days:  Choose an item. | | During these hours:  Click here to enter text. | | Contact details:  Click here to enter text. |
| **Information on the Alleged Incident and Perpetrator** | | | | | |
| Date of the alleged incident(s):  Click here to enter a date. | | Time of the alleged incident(s):  Click here to enter text. | | Location of the alleged incident(s):  Click here to enter text. | |
| Brief description of the alleged incident(s) in the words of the complainant:  Click here to enter text. | | | | | |
| Name of the alleged perpetrator:  Click here to enter text. | | | Address of the alleged perpetrator (if known):  Click here to enter text. | | |
| Organization the alleged perpetrator works for: Click here to enter text. | | | Job title of the alleged perpetrator:  Click here to enter text. | | |
| Age of the alleged perpetrator:  Click here to enter text. | | | Gender of the alleged perpetrator:  Choose an item. | | |
| Physical description of the alleged perpetrator: Click here to enter text. | | | | | |
| **Assistance to the Complainant** | | | | | |
| Are there any urgent needs identified for the complainant, including safety concerns?  Click here to enter text. | | | | | |
| Please indicate if there is a need for the complainant to be referred to any of the following services, or if the referral has already been made:  Medical: health counseling  Medical: PEP/STI counseling and prevention  Medical: emergency contraceptive  Medical (other, please specify)  Legal (including measures per Laws No. 6284-5395)  Mental Health and Psychosocial Support  Safe shelter/accommodation  Immediate material care (food, clothing etc.)  Support for children born as a result of SEA  Other (please specify): Click here to enter text. | | | Please indicate if the referral has been made and if so, on what date (per service category):  Click here to enter text. | | |
| Have the law enforcement or other relevant authorities been contacted by or on behalf of the complainant?  Click here to enter text. | | | | | |
| Any other information/details:  Click here to enter text. | | | | | |
| **Referral Checklist** | | | | | |
| The individual has been **informed of the referral**. | | | | | |
| The individual has **signed consent** to release information and for referral.  *Important Note: Please refer to the* [***sample consent form***](https://data2.unhcr.org/en/documents/details/105529) *prepared in line with the Law on Protection of Personal Data No 6698. Make sure to share the consent form when referring the allegation to another organization.* | | | | | |
| The child has provided **informed assent** to release information | | | | | |