**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 CommunicationDoes 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 |