

## Sexual exploitation and abuse allegation intake form

FILE NUMBER: \_\_\_\_\_

Gathering information at the time of reporting is a crucial element of the process. The report should be objective and precise, focusing on the facts and relevant information that will help when it is time to act.

When a child discloses maltreatment or abuse, make sure to ask the questions needed to have a clear understanding of what the child is saying and to ensure the security and welfare of the child. **DO NOT SEARCH FURTHER.**

- Inform the person that all information given in the complaint will remain confidential.
- Be receptive of the complainant and listen to what he or she has to say.
- Write a clear record of what is said by the complainant in their own words. Take the time to cross-check with the complainant that you understand everything before writing.
- Allow the complainant to read what you have written. If the complainant is illiterate, read out the text to ensure that what you have written is what he or she meant. Ask the person if he or she is satisfied with what you have written. If they are not, correct the text with them.

**DATA PROTECTION – Ensure that this form, once completed, is stored in a locked file and/or is destroyed once the information is no longer needed.**

### Complainant information

Full name:	Date of complaint:
Telephone:	Address:

**The complaint** (Use the complainant's own words and ask questions to get as much important information as possible. At a minimum, the complainant should indicate who, what, how, where and when the complaint is about)

Date of the incident (when): \_\_\_\_\_

Full name of the survivor (who) – fill only if consent is given:

Age of the survivor:

Where: \_\_\_\_\_

How: \_\_\_\_\_

### **Information about the accused**

Name of accused: \_\_\_\_\_

Position held by accused: \_\_\_\_\_

Organization for which the accused work(s): \_\_\_\_\_

Relationship to the survivor:

Current residence of the accused (if known): \_\_\_\_\_

Gender: \_\_\_\_\_

Physical description of accused: \_\_\_\_\_

### **Service provision**

Has the survivor been informed of the available medical care?	Yes	No
If yes, has the survivor sought medical treatment after the incident?	Yes	No
If yes, who provided treatment? _____		
_____		
If no, provide information to the complainant regarding the nearest medical care and psycho social support services, or get the consent of the survivor to pass on their details (using the form below) to refer them.		
Has the survivor contacted police?	Yes	No
If yes, what has been done?		

**Consent, confidentiality and next steps**

Explain to the complainant that you are under an obligation to report allegations of sexual exploitation and abuse to donors, but that identifying information about the complainant, the survivor and the name of the alleged perpetrator will not be shared *unless otherwise indicated*. However, for the purposes of an investigation, the name and contact details of the complainant will be necessary.

Complainant consents to sharing name and contact details for investigation purposes: Yes No

Inform the complainant that the organization conducting the investigation will keep in contact with them to keep them informed of the progress of the complaint.

**Name of the PSEA/Safeguarding Focal Point:**

Organization/Agency: \_\_\_\_\_