

| Name of Complainant: | Nationality: |
| --- | --- |
| Address/Contact Details: | Position/Identity Number: |
| Age: | Sex: |
| How does complainant prefer to be contacted? (Give details) |
|  |
| Name of victim/survivor (if not the complainant): | Nationality: |
| Address/Contact Details: | Identity No. |
| Age: | Sex: |
| Name (s) & address of parents/legal guardian, if under 18: |
| Has survivor given consent for completion of this form? YES: NO: I DON’T KNOW: |
| Is the victim/survivor receiving any type of humanitarian assistance? (Name the organisation/agency providingassistance): |
|  |
| Date of incident(s): | Time of incident(s): | Location of incident(s): |
| Brief description of incident(s) in the words of the survivor / complainant: |
| Briefly describe service (s) provided to survivor: |
| Is the perpetrator a continuing threat to the safety of the survivor, complainant, staff or any beneficiary? Please explain any safety concerns: |
| Name of accused person(s): | Position / Job title of person(s): |
| Agency accused person(s) works for: |
| Address or location where accused person(s) works: |
| **Agency receiving complaint:** |
| Name of person completing form: | Position / Job title: |
| Signature: | Date: |
| **Referral to Agency of Concern PSEA (Protection from Sexual Exploitation, Abuse and Sexual Harassment) Focal Point (when needed)** |
| Name of agency / name of person (PSEA Focal Point) report forwarded to: | Date of referral: |
| Name and position of person report forwarded to: |
| **Acknowledgment of receipt** |
| Name & Position / Job title: | Agency: |
| Signature: | Date received: |

Send Completed form to the following confidential email address: complaint@jrs.or.id