

| 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 providing  assistance): | | | | |
|  | | | | |
| 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](mailto:complaint@jrs.or.id)