

COMPLAINTS FORM (SEXUAL EXPLOITATION AND ABUSE)
BEIRUT FILM SOCIETY

To be sent to: complaints.bfs@gmail.com / or delivered to HR Unit Department

Name of Complainant: _____	Ethnic origin/Nationality: _____
Address/Contact details: _____	Identity no: _____
Age: _____	Sex: _____

Name of Victim (if different from Complainant): _____	Ethnic origin/Nationality: _____
Address/Contact details: _____	Identity no: _____
Age: _____	Sex: _____
Name(s) and address of Parents, if under 18: _____	
Has the Victim given consent to the completion of this form? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Date of Incident(s): _____	Time of Incident(s): _____	Location of Incident(s): _____
Physical & Emotional State of Victim (Describe any cuts, bruises, lacerations, behaviour, and mood): _____		

Witnesses' Names and Contact Information: _____		

Brief Description of Incident(s) (Attach extra pages if necessary): _____		

Name of Accused person (s): _____ Job Title of Accused person(s): _____

Organization Accused person(s) Works For: _____

Address of Accused person(s) (if known): _____

Age: _____ Sex: _____

Physical Description of Accused person(s): _____

Have the police been contacted by the victim? YES NO If yes, what happened? _____

If no, does the victim want police assistance, and if not, why? _____

Has the victim been informed about available medical treatment? YES NO

If Yes, has the victim sought Medical Treatment for the incident? YES NO

If Yes, who provided treatment? What is the diagnosis and prognosis? _____

What immediate security measures have been undertaken for victim? _____

Who is responsible for ensuring safety plan (Name, Title, Organisation): _____

Any other pertinent information provided in interview (including contact made with other Organisations, if any): _____

Details of referrals and advice on health, psychosocial, legal needs of victim made by person completing report: _____

Report completed by: _____

Name

Position/Organisation

Date/Time/Location

Has the Complainant been informed about the Organisation's procedures for dealing with complaints? YES NO

Signature/thumb print of Complainant signaling consent for form to be shared with relevant management structure* and SRSG/RC/HC:

Complainant's consent for data to be shared with other entities (check any that apply): _____

Police Camp leader (name) _____ Community Services agency _____

Health Centre (name) _____ Other (Specify) _____

Date Report forwarded relevant management structure*: _____

Received by relevant management structure*: _____

Name

Position

Signature