**HARIS ENTERPRISES COMPLAINTS REFERRAL FORM (SEAH)**

Name of Complainant: H.E Number:

Designation: Department:

Age: Gender:

Name of Victim (if different from Complainant): HE Number:

Designation: Department:

Age: Gender:

Name(s) and address of Parents, if under 18:

Has the Victim given consent to the completion of this form?  YES  NO

Date of Incident(s): Time of Incident(s): Location of Incident(s):

Physical & Emotional State of Victim (Describe any cuts, bruises, lacerations, behavior, and mood):

Witnesses’ Names and Contact Information (If applicable):

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

Name of Accused person (s): Designation of Accused person(s):

Department of Accused person(s):

How long has the accused been serving at Haris Enterprises:

Age: Gender:

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 the victim?

Who is responsible for ensuring the safety plan (Name and Designation):

Any other pertinent information provided by the victim (including threatening contact made by the or his/her accomplice(s):

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 organization’s procedures for dealing with complaints?  YES  NO Signature/thumbprint of Complainant signaling consent for form to be shared with Haris management:

Date Report forwarded to Haris management:

Received by whom:

Name Designation Signature