**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