Annex 2: Suggested complaint letter format

This form should be completed (or adapted) by the person or organisation wishing to lodge a complaint or through a third party.

(All ‘sensitive’ complaints related to sexual exploitation and abuse, fraud and corruption and gross misconduct will be held securely and handled strictly in line with applicable confidentiality, reporting and investigation procedures.)

A: General data
1. Name of the person or organisation lodging the complaint ________________________________
   Male/Female ___________ Age ___________
2. Address: ________________________________
   Tel: ___________ email: __________________
3. Name of the person or organisation you wish to lodge a complaint against (if known):
   _______________________________________________________________________________
4. Date of incident _______________ Time of incident _______________
5. Place of incident ________________________________________________________________
6. Date of report _______________ Time of report _____________________________

B: Brief description of the incident or concern
________________________________________________________________________________________
________________________________________________________________________________________
C: Name of witnesses (if any/ and if relevant) Supply the names of witnesses and where they can be contacted, if known:

D: Describe action taken. If this is a complaint related to sexual exploitation and abuse, please provide detailed information regarding what medical assistance has been provided, what psychosocial care has been provided and whether a report has been made to the Police.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

E: State what kind of response you expect from the ACT Alliance and how you wish to see the matter resolved

(Name) ________________________________ Signature ________________________________

Date: ________________________________