

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 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: _____