

CONFIDENTIAL

Lutheran World Federation Department for World Service

Complaint Form

This form should be completed by the person wishing to lodge a complaint or documented by a third party. All information must be held securely and confidentiality must be maintained at all times

File Number: _____

A: General data

1. Name of the person lodging the complaint (if provided) _____
2. Gender _____ Age _____
3. Address: _____
4. Tel: _____ email: _____
5. Name of the person you wish to lodge a complaint against (if known): _____
6. Date of incident _____ Time of incident _____
7. Place of Incident _____
8. Date of reporting _____ Time of reporting _____

B: What is the complaint? (State the nature and key issue of the Complaint)

C: Brief description of the incident or concern (State what exactly happened, trying to follow the sequence of events from start to finish; If the incident location is not well know, describe the location based on your memory of it; Give a description of the subject of complaint if you do not know her/his name;

D: Names of witnesses (if any) Supply the names of witnesses and where they can be contacted, if known;

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

Name and Signature of Complainant: _____ Date: _____

Complaint received by (LWF staff): _____ Date: _____

Case referred to: _____ Date referred: _____

Name and signature of LWF Staff responding to the Complaints _____

Describe action taken: (provide detailed information example, if medical assistance has been provided, what psychosocial care has been provided and whether a report has been made to the Police.)