

AOA Complaints & Incident Reporting Form

GOV 8A

Please fill out as many sections as possible with as much detail as you can. This form is confidential. If there is more than one affected person/complainant, please complete a separate report for each person or complainant. Law enforcement authorities will be notified where a crime may have been committed or where deemed necessary, by senior management in consultation with the CEO and Board Chair. In some instances, disclosures will be necessary to properly investigate a matter, or to ensure procedural fairness.

The wishes and welfare of the complainant will be considered in determining next steps. The purpose of this Report Form is to report all complaints to assess and determine the next course of action. An anonymous complaint, (a complaint that is lodged without revealing the identity of the complainant) will be accepted, however AOA encourages complainants to disclose their identity in order for a thorough investigation to be undertaken. Anonymous complaints inhibit AOA's ability to investigate.

A. Details of Reporting Individual or Organisation	
Does the Reporter wish to be identified? If yes, fill in reporter's details in the table below.	
Is the individual completing this form the reporter of the incident? Or Are you a third party completing the form based on a report you/your organisation received received?	
First Name	
Last Name	
Date Reported	
Location (country, province, city/village/town etc. Please provide as much detail as possible)	
Phone Number	
Email	
Name of Organisation	

Job Title	
Preferred method of contact	
<p>Only complete if you are a third party completing this form due to a report you/your organisation received.</p> <p>How was the report received? (Phone- Email – ACFID – Post – In Person (witnessed incident, whistleblower or person affected – Safeguarding Letter Box, other/please specify)</p>	

B. Description of Incident	
Location/s of alleged incident (country, province, city/village/town etc. Please provide as much detail as possible)	
Approximate Date of Incident	Year: Month: Day:
<p>Description of the incident or concern;</p> <ul style="list-style-type: none"> ➤ Please include details of any conversation with the affected person/complainant, ➤ Does the person affected have an additional need or disability? If yes, describe. ➤ Is the person affected under the age of 18? 	<p style="text-align: center;">(type over text below)</p> <p>Please indicate if the complaint/feedback is related to:</p> <ul style="list-style-type: none"> a) Child Protection (eg. physical, sexual, emotional abuse), b) Sexual Abuse and/or Exploitation c) Bullying and/or Harassment or d) Other

<p>How did the reporter become aware of this incident?</p> <ul style="list-style-type: none"> ➤ Witnessed it? ➤ Other ? (define other) 	

C. Person against whom the complaint is made, if relevant (complete details where known)	
First Name	
Last Name	
Phone Number (Include the area code or country code)	
Email	
Approximate age	
Sex/Gender	
Physical Description	
Physical Address	
Name of Organisation (if applicable)	
Job Title	

D. Safety of Person Affected	
<p>Only complete sections D and E if the complaint/feedback is related to child protection, sexual exploitation, abuse or harassment, bullying or harassment or fraud and corruption.</p>	
Is the person affected out of immediate danger?	Yes/ No
Have the proper authorities (Police/law enforcement) and senior management been contacted (as appropriate)?	Provide as much detail as possible
Please provide any additional information	

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E. Safety of Affected Person Only complete sections D and E if the complaint/feedback is related to child protection, sexual exploitation, abuse or harassment, bullying or harassment or fraud and corruption.	
First Name of affected person	
Last Name of affected person	
Approximate age	
Sex/Gender	
Contact details of affected person?	
(If known and applicable) provide details of any Caregiver/Guardian/Relative; <ul style="list-style-type: none"> ➤ First Name, ➤ Last Name, ➤ Location, ➤ Phone Number (include the area code or country code), ➤ Email, ➤ Approximate age, ➤ Relationship to the affected person . 	
Describe the physical and emotional state of the person affected	Describe the Physical and Emotional state of person affected (Cuts, bruises, welts, scratches, behavioural changes; angry, crying, acting out, withdrawn, sudden illness)
Is the affected person aware of this report?	

F. State what kind of response you expect from Anglican Overseas Aid and how you wish to see the matter investigated and resolved.

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Your Name	
Organisation (if applicable)	
Preferred method of contact	
Date	

Please send by;

- **Email**, addressing the email as confidential and attention to either the AOA Safeguarding Focal Point, AOA CEO or International Programs Manager at: complaints@anglicanoverseasaid.org.au,
or
- **Post**, addressing the complaint to the AOA Safeguarding Focal Point, AOA CEO or International Programs Manager: PO Box 389, Abbotsford, VIC 3067,
or
- **Post** or **deliver**, addressing the complaint to the AOA Safeguarding Focal Point, AOA CEO or International Programs Manager: 4 Bloomburg Street, Abbotsford VIC 3067.