

SIGHT FOR ALL



COMPLAINT LODGEMENT FORM

The safety of Sight For All staff, Visionaries, Fellows, Project Participants, partners and patients treated through projects is paramount and we take any allegations of misconduct seriously. We also strive for continuous improvement and value feedback and recommendations.

Please complete all fields below and email your complaint to jhatswell@sightforall.org

Your concerns will be addressed as soon as possible and you will be contacted with the results of our investigation.

All complaints are confidential.

Although anonymous reports are accepted, we request your contact information so that we may contact you if we need additional information to properly address your concerns as quickly as possible. Also, if you do not leave your contact information, we will not be able to inform you of our actions.

About the Incident

Please record as appropriate. This document is reporting:

- | | | |
|--|--|--|
| <input type="checkbox"/> Child Protection misconduct | <input type="checkbox"/> Sexual misconduct | <input type="checkbox"/> Fraud allegations |
| <input type="checkbox"/> Harassment misconduct | <input type="checkbox"/> Misuse of corporate funds | <input type="checkbox"/> General Complaint |
| <input type="checkbox"/> Other | | |

Date of Incident (if known) : _____ Time of Incident: _____

Location of Incident: _____

Description of Incident/Problem (Please describe the sequence of events):

Does the problem still exist?

Yes

No

Don't Know

Your details

All details will remain confidential. You can skip this step if you choose to remain anonymous.

Name of person completing report: _____ Date: _____

Day phone number (incl. area code): _____

Evening phone number / Mobile number: _____

Email Address: _____

Postal Address (Street): _____

(City): _____ Date: _____

Please contact me by:

| | | | |
|--------------------------------|---------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Mobile | <input type="checkbox"/> Email | <input type="checkbox"/> Mail |
|--------------------------------|---------------------------------|--------------------------------|-------------------------------|

Do you have any further comments?

Internal Use Only:

Case ID: _____

Investigator: _____

Result: _____
