

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 \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- 3. Tel: \_\_\_\_\_ email: \_\_\_\_\_
- 4. Name of the person you wish to lodge a complaint against (if known): \_\_\_\_\_
- 5. Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_
- 6. Place of incident \_\_\_\_\_
- 7. Date of reporting \_\_\_\_\_ Time of reporting \_\_\_\_\_

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

Empty box for describing 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: Name 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 of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_

Case referred to: \_\_\_\_\_ Date referred: \_\_\_\_\_

Name 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.)