## Complaints letter form

Please complete (or adapt) this form and send by e-mail to:[complaints.internationalwork@churchofsweden.org](mailto:complaints.internationalwork@churchofsweden.org)

Alternatively, mail the letter to Complaints Response Mechanism, Attention: Complaints focal points: The Central Church Office, SE – 751 70 Uppsala, Sweden

(All ‘sensitive’ complaints related to fraud, corruption, sexual exploitation and abuse, and other forms of misconduct will be held securely and handled strictly in line with applicable confidentiality, reporting and investigation procedures.)

### A: General information

1. Name of person and/or organisation making the complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address/email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### B: Description of complaint/problem

3. Name of person, organisation and/or project that the complaint refers to:   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of incident/problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Place of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Brief description of the incident or concern[[1]](#footnote-1)   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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### **C. Name of witnesses** **(if relevant) and how they can be contacted if** known:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### D: Describe any action taken. Please include information on if this complaint has been lodged with other organisations and any action take, any medical assistance that has been provided, psychosocial care and whether a report has been made to the police, if relevant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **E: Third party referral: Please state if you consider a need for referral, for example to provide some form of medical, psychosocial or legal support for the individuals involved**[[2]](#footnote-2)

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### F: State what kind of response you expect from the Church of Sweden International work and how you wish the matter to be resolved.[[3]](#footnote-3)

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Use extra paper if necessary. [↑](#footnote-ref-1)
2. Decisions on this matter are made by the Complaints committee [↑](#footnote-ref-2)
3. Complaints are handled in line with our policy and guidelines, but the wishes of the complainant are taken into account when a decision is being made on how to handle a complaint. Acknowledgement of receipt and of how it is to be dealt with will be provided within two weeks. [↑](#footnote-ref-3)