

COMPLAINTS TO THE OMBUDSPERSON FOR CHILDREN

Name of Child/Children and age:

Mother's Name: Contact Number:

Father's Name: Contact Number:

Other siblings:

Ethnic Group:

Education:

Name of Complainant:

Address:

Phone No: NIC No:

Occupation:

Salary Range: < Rs. 5, 000 Rs. 5, 001 to Rs. 10,000

Rs.10, 001 to Rs. 15,000 > Rs. 15,000

Social Aid:

Marital Status:

Duration of Marriage/Union:

Name of Respondent:

Address:

Phone No:.....

Occupation:

Age:

Gender:

Region/Address:

Case received by/through:

(i) 177 (Greenline):

(ii) Fixed Line (PABX):

(iii) Mobile (Investigators):

Type of Abuse:

NATURE OF PROBLEM:

If not first incident, since when victim is living in abused situation:

Place of incident: Date: Time:

Weapon used (if any):

Our observation

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Had any child witnessed the scene? Yes No

STATEMENT OF COMPLAINANT

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HELP SOUGHT:

(i) **Police**: Was the complaint reported to the Police?

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(ii) **Hospital**: Whether child has received medical treatment, when and which hospital?

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(iii) **Child Development Unit**: When and which CDU?

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(iv) **Court**: Is there a Court case? Have you retained services of a lawyer?

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(v) **Other institution**:

Signature of Complainant:
Or thumbprint

Signature of Investigator:

Case referred by:

Date: