

# OMBUDSPERSON FOR CHILDREN'S OFFICE

## COMPLAINT FORM

NATURE OF COMPLAINT:.....

Case received by: Email  Phone  Letter

In person  Own motion

### A. Information regarding minor (s)

Surname of Child:.....	
Other Names of Child:.....	
Age of Child:.....	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> D.O.B.....
Name of Mother:.....	Profession:..... Tel:.....
Name of Father:.....	Profession:..... Tel:.....
Name of Legal Guardian:.....	Profession..... Tel:.....
Address:.....	
Siblings:	<u>Names</u> <u>Age</u>
1.....	.....
2.....	.....
3.....	.....
Educational Institution:.....	Grade:.....

### B. Information regarding Complainant

Name of Complainant:.....	
Relationship to Child: Mother <input type="checkbox"/> Father <input type="checkbox"/> Relatives <input type="checkbox"/> Others <input type="checkbox"/> .....	
Address:.....	
Phone No (Home):.....	(Mobile):.....
Profession:.....	NIC No:.....
Marital Status:.....	



**E. Please specify if this complaint has already been submitted to the institution(s) below:**

(i) **Police**: Whether a statement has been given, when and where?

.....

**OB No.**:.....

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

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

.....

**Name of the CDU Officer**:.....

(iv) **Court**: Is there a Court case? Yes  No

Have you retained services of a lawyer? Yes  No

**NOTE**

**Section 7(4) of Ombudsperson for Children Act 2003:**

*The Ombudsperson for Children shall not investigate any case which is pending before any Court but may refer any child involved in such a case to the Ministry for advice, assistance or counselling.*

(v) **Other Institution**: Yes  No

Date and Name of Institution:.....

**F. Declaration of Complainant**

I declare that I have not entered any action in Court in this case. I understand I must inform the Ombudsperson for Children's Office immediately, if ever I decide to start Court procedures in this case.

I certify that all information provided above is true and correct.

I understand that I shall commit an offence if I knowingly give false information.

Signature of Complainant/thumbprint:.....

**For office use**

Signature of Investigator:.....

Case referred by:..... Case referred to:.....

Date: .....