



COMPLAINTS TO THE CHILDREN'S ADVOCATE

NATURE OF COMPLAINT:.....

Particulars of Child

Name:.....Surname:.....

Age:.....Gender: Female Male D.O.B:.....

Name of Mother:.....Profession:.....Tel/cell:.....

Name of Father:.....Profession:.....Tel/cell:.....

Address:.....

Name of Siblings:.....

School:.....Grade:.....

Particulars of Complainant (when complainant is not the child)

Name:.....Surname:.....

Relationship to Child: Mother Father Relative Others

Address:.....

Phone No (Home/work):.....(Mobile):.....

Profession:.....Email address:.....

Particulars of Respondent (Person/Institution against whom complaint is made)

Name:.....

Relationship to Child: Mother Father Relative Teacher Other

Address:.....

Phone No (Home):.....(Mobile).....

Profession:.....Email address.....

COMPLAINT SUMMARY (Please include the remedy you seek & refer to and attach all relevant documents)

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PLEASE SPECIFY IF THIS COMPLAINT HAS ALREADY BEEN SUBMITTED TO THE INSTITUTIONS BELOW:

- i) **Police:** Did you give a statement? If so, when & where? Provide CR number, if applicable
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- ii) **Hospital:** Whether child has received medical treatment, when & which hospital?
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- iii) **Child Welfare division (MGECW):** When & which Region?
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- iv) **Court:** Which court? Provide case number. If you have retained the services of a legal Practitioner, state name
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- v) **Other Institution:**.....

Signature /thumbprint of Complainant:**Date:**.....

ADDITIONAL INFORMATION

Dotted lines for writing additional information.

For Official Purposes only

Received by:.....**Date:**.....

Complaint origin: (Please mark)

- Intake clinic
- Complaint letter/email
- Social media
- Telephone/fax/sms line
- In person/Walk-in
- Referral

Actions taken by Investigator, if any

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Assessment by Chief Investigator (please mark)

Mandate	Category	Proposed action
Human rights	Enquiry	Provide Information
Administration	Non-jurisdictional	Refer complaint to appropriate institution
Children's Advocate	Jurisdictional	Refer Complainant to appropriate institution
Environment		Information
Misappropriation of public funds		Investigation
		Decline

Signature of Investigator.....**Date:**.....

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

Reason for referral.....**Date:**.....

