

**Date:**

**Place:**

To  
The Child Protection Officer

Ref.No:  
Date Received:  
Complaint registered

.....

Source of complaint	Complaint box/phone/post/ oral(identify.....)/ anonymous/other.....
Date & time of violation	
Witness if any (adults & children)	
Identity of complainant, if any	
Details of the CP violation	
Who allegedly carried out the violation	
Is it the first time you have observed such a violation	Yes / No
If No, provide details of earlier violations	

VET maintains a culture of honesty, trust, transparency, justice and neutrality while dealing with allegations and ensure that staff will not misuse this form to make baseless allegations. If you choose to divulge your identity, confidentiality is assured. Each reported violation will be investigated thoroughly with impartiality.

**Name of the complainant (optional)**