# CHILD FRIENDLY COMPLAINT FORM

**If something has happened that made you feel worried, unsafe, scared, or uncomfortable, you can tell us here. You can ask a parent or trusted adult to help you if you want.**

**Your name:** _____ **Your age:** _____ **Date:** _____

**What happened?**

_____

_____

_____

_____

**When and where did it happen?**

_____

_____

**Who was involved?** (Write the names of anyone involved if you know them.)

_____

_____

**How did it make you feel?** (tick all that apply)

☐ Happy ☐ Confused ☐ Scared ☐ Sad ☐ Angry ☐ Worried ☐ Embarrassed

☐ Other: _____

**Has this happened before?** ☐ Yes ☐ No (If yes, please tell us more.)

_____

_____

_____

**Have you told anyone else?** ☐ Yes ☐ No (If yes, who did you tell?) _____

**What would you like us to do?**

_____

_____

**Is there anything else you want to tell us?**

_____

_____

_____

_____

**Thank you for telling us. You have done the right thing by speaking up. We will listen carefully and do our best to help keep everyone safe.**

**If you need help right away, please tell a trusted adult, teacher, coach, or manager.**