



Application Form

Please complete the form and circle the correct options.

Contact details					
Name & Surname					
Age	<18	18-25	25-35	35-55	55+
In case of minor, legal guardian contact details					
Phone number					
Email					
Any relative or informed person to be contacted					
Are you an LGBTQI+ HRD or member of the LGBTQI+ community?	Yes	No			
What is the issue you are facing?					
When did it happen?					
Is it still happening?	Yes	No			



Where did it happen?		
In case you want to tell us, do you know the identity of perpetrator(s)?		
In your words, tell us exactly what happened		
What is your current situation?		
Is there any witness to the event or person supporting your complaint?	Yes	No



If yes, would you mind if we contacted the person?	Yes		No		
If you want us to contact the person, please share their contact information					
Have you already taken any preventive measure or remedy?	Yes		No		
If yes, which one?					
Do you feel at risk or are you living in a dangerous situation?	Yes		No		
If yes, please tell us why					
Have you reported the situation to any person?	Police	Lawyer	Doctor	Friend	Other
Were any steps taken by the person or organisation or service to resolve the matter?	Yes		No		
If yes, what steps did they take?					



What kind of support do you think could help you?	
Would you like to tell us something more?	
Date	Signature
For internal use only	
Assigned case number / ID	



Received by (name of person and CSO)			
Action taken	Activate verification process	Dismissal for lack of eligibility	Other responses (activate social protection, legal assistance, report to police etc)
If other action, please specify nature of action, dates when action taken and outcome			
Date	Signature		