

IBA complaint form: Manual version

Report details:

We want to check how you're doing right now

Image-based abuse can impact your mental health and well-being. To help us ensure you are getting the right access to any support services you may need, please answer the following questions about how you have been feeling during the past 2 weeks.

The answers to these questions will help us provide you with the right guidance in terms of the support and mental health services we may refer you to. If you choose to not answer these questions it will not impact the outcome of your complaint.

Key

1 None of the time

3 Some of the time

5 All of the time

2 A little of the time

4 Most of the time

a) Have you been more worried or nervous than usual?

1

2

3

4

5

b) Have you felt more down or depressed than usual?

1

2

3

4

5

c) Have you thought about harming yourself?

1

2

3

4

5

d) Have you felt suicidal?

1

2

3

4

5

How can we help you?

Help with an intimate image or video that has been posted

Help with threats to post an intimate image or video

Please provide details of these threats

What happened?

Is this about an intimate image or video of you?

It's about an intimate image or video of me

It's about the person in the intimate image or video and I declare that I am entitled to make this complaint or objection on their behalf

What is your name:

What is their name (if on behalf of someone):

Please tell us what has happened

Was the person in the intimate image or video under 18 when the image or video was taken?

Yes No

Which age bracket best describes the person in the intimate image or video now?

Under 13 13-15 16-17 18-24 25 and over

Did the person in the intimate image or video consent to it being posted?

Yes No

Do you know who is responsible for posting or threatening to post the intimate image or video?

Yes **No**

Please give us any information you have about the person you think may be responsible (e.g. name, phone number, age, address, email address, place of work etc)

Does the person live in Australia?

Yes **No**

Does the intimate image or video show the person without religious or cultural attire that that person would normally wear when in public?

Yes **No**

Please provide details

Confirmation

Where is the content located? (eg name of website, social media service, app, in an email, in an SMS)

What is the username / profile name / group name of where the content is visible from (if applicable)?

Please provide the exact URL address of where the content is located: (you can enter more than one URL - if applicable)

Please enter any further information that may help us find the content you are reporting - for example: specific step by step instructions to locate the image, the time and date the content was posted or the post ID number if applicable

Do you have any concerns about us contacting the person you think is responsible?

Yes **No**

Please outline your concerns

What outcome are you seeking? (You can select more than one of the below options)

I want the intimate image or video removed

I want action taken against the person responsible

I don't want action taken against the person

Does the person in the intimate image or video usually live in Australia?

Yes **No**

If yes which State / Territory?

ACT **NSW** **NT** **QLD** **SA** **TAS** **VIC** **WA**

Postcode

Existing actions taking place

Are police currently involved in this or a related matter?

Yes No

Do we have your consent to contact the police in relation to this matter?

Yes No

Please note: We may still contact the police without your consent if we believe someone is at risk of harm

Please provide Reference Number

Police Station

Officer Name / Phone Number

What are the police doing?

Is there or has there been a court order about this or a related matter (this may include a domestic violence protection order or parenting order)

Yes No

Is the court order still in place?

Yes No

When did the order commence and what was the outcome (please include any relevant reference # or information)

Your details

Contact details	
First name	
Last name	
Email address	
Confirm email address	

Which is your preferred contact method?

Please note: that if you do not provide contact details it may be more challenging for the eSafety Office to effectively manage your complaint.

We will endeavor to use your preferred method of contact but in some circumstances we may need to use a different contact method, for example, email over phone for longer communications.

Email **Phone** **Postal mail** **Please don't contact me**

Please fill out relevant selection below.

Phone

Phone number	
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Postal address:

Street	
Suburb	
Postcode	
State	

Does the person in the intimate image or video identify as:

Male **Female** **Trans** **Gender Diverse** **Intersex** **Other / prefer not to disclose**

Is there anything else you would like to tell us?

Notifications

Please send me an email confirming receipt of this report

Please email me a copy of the content of this report

Is it OK if we contact you in the future to ask you about your experience of making this report?

Yes

No

For more information contact the eSafety Commissioner

E imagebasedabuse@esafety.gov.au

W esafety.gov.au/image-based-abuse