

SAMPLE Complaint Form

This complaint form is to be utilized for reporting misconduct by individuals associated with [Name of Parish] that the complainant believes should be investigated and/or addressed.

<p>COMPLAINANT – Person who alleges misconduct of individuals associated with [Name of Church]:</p> <p>Last Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Association <input type="checkbox"/> Clergy <input type="checkbox"/> Staff <input type="checkbox"/> Member w/ [Parish]: <input type="checkbox"/> Other (please describe)</p> <p><input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Phone Number <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></p>	<p>RESPONDENT – Person you believe to be responsible for the alleged misconduct:</p> <p>Last Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Association <input type="checkbox"/> Clergy <input type="checkbox"/> Staff <input type="checkbox"/> Member w/ [Parish]: <input type="checkbox"/> Other (please describe)</p> <p><input type="text"/></p> <p>Any available contact details (email, telephone, mailing address):</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
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BASIS OF YOUR COMPLAINT: In two or three sentences, please provide a summary statement explaining the respondent's misconduct towards you.

SPECIFICS REGARDING THE COMPLAINT: On the following page(s), explain in detail and as clearly as you can, what happened and how you believe you were mistreated. Use as many pages as necessary. Please be sure to include the following, at a minimum:

- How exactly you were mistreated? When? How often? For how long?
- Were any other parties impacted by this specific complaint?
- What harm, if any, was caused to you or others as a result of the alleged act(s)?
- What explanation, if any, was offered for the act(s) by the Respondent(s)?
- Do you have any first-hand evidence (either observed by you, or reported directly to you by other victims) that the behavior in this complaint was perpetrated on others, in separate incidents?
- Do you believe this behavior has continued with others after your involvement? If so, on what basis do you believe this to be true?
- Have you reported this behavior to others in the past? If so, please list details below. On what dates did you report this behavior?
- To your knowledge, has this behavior been previously addressed by any parties listed below, or by other organizations?
- If previously reported, is there any information in your current complaint that is new or different from any previous complaints you may have brought about this person in the past? Please specifically note new or different information.
- List of possible additional evidence that may be helpful in this investigation such as text messages, voicemails, emails, photographs, social media content. Do not send this information via email but rather list the items generally and describe briefly what their evidentiary value is. These items will be collected securely at a later date.

Complaint Narrative:

Complaint Narrative Continued:

Complaint Narrative Continued:

[Empty text area for complaint narrative]

Complaint Narrative Continued:

[Empty text box for complaint narrative]

OTHER RELEVANT PARTIES: Please list all persons who may be aware, or have any knowledge of, any aspect of your allegations – either through direct conversation with you, or by any other means.

Number of Incidents: Name of Persons aware of your allegations: |

Witness 1 : Name Relationship:

Witness 2: Name Relationship:

Witness 3 : Name Relationship:

Witness 4: Name Relationship:

Witness 5 : Name Relationship:

RELIEF SOUGHT: What remedy(ies) do you seek to resolve this complaint? What do you believe should occur? (i.e., stop inappropriate behavior, church discipline, removal of discipline, etc.)

SIGNATURE AND VERIFICATION: I affirm that, to the best of my knowledge or belief, the information contain herein is true and factual. Additionally, I understand that the effective date of filing this complaint is the date this form is received by [Name of Church]. I further understand that any person who knowingly provides frivolous, false or fraudulent information in a complaint may be subject to discipline. If applicable, I hereby authorize the release of any medical information needed for the investigation.

Signature of Complainant:

Date: