



**Diocese Of Bismarck Complaint Form
For Allegations Of Sexual Abuse Of A Minor**

NOTE: Allegations of abuse or suspected abuse of a minor must first be reported to Child Protection Services of the county in which the abuse is alleged to have occurred.

This form may be used to present allegations that a priest, deacon or Church employee, agent or volunteer has committed an act of sexual abuse of a minor. The completed form is CONFIDENTIAL. Send to: Chancellor, Diocese of Bismarck, PO Box 1575, Bismarck, ND 58502-1575, in a sealed envelope clearly marked CONFIDENTIAL.

I. INFORMATION AS TO MINOR

Full Name: _____
Address: _____
Date of Birth: _____
Name and Address of Parent(s) or Guardian: _____
Telephone No: _____ Parish or School attending: _____

II. INFORMATION AS TO ACCUSED

Name: _____
Position: _____ Clergy _____ Deacon _____ Employee _____ Volunteer
Name and Address of place of employment: _____
Has accused been confronted or informed of allegation? _____ Yes _____ No
If yes, when and by whom: _____

III. INFORMATION AS TO ALLEGATIONS

Brief description of alleged abuse (time, place and acts): _____

Have the allegations been reported to any civil authorities or Church personnel? _____ Yes _____ No
If yes, when, how and to whom: _____

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Date of Report

Signature of Person Reporting Allegation
Print Name: _____
Address: _____
Telephone: _____