



## COMPLAINT FORM

### CONTACT DETAILS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

The questions on the next pages are only a guide, and you do not have to answer all of them. It doesn't matter if you don't remember everything or don't know an answer to a question.

DATE:

**Office use only**

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## WHAT HAPPENED

1. In your words describe what has occurred or happened (add pages as required)

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2. Where did things occur or happen? Tell us:

- Institution
- City/Town
- State

3. When, or around when, did things happen? If you can remember, provide us with a date, or a range of dates.

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4. Do you know the name of the person/s who you allege acted inappropriately? What was his/her role?

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5. Is there anything else that has happened that we should know about?

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6. Did anyone else see what happened?

- Yes. Who?
- No/Not sure

7. Did you tell anyone about it around the time when it happened?

- Yes. Who?
- No

## CURRENT REPORT TO THE PROFESSIONAL STANDARDS OFFICE

1. What would you like the outcome to be from making this report to the Professional Standards Office?

Support,

Care and assistance,

A written or spoken apology

Acknowledgement of the hurt

Satisfaction that Church policy has taken reasonable precautions to prevent reoccurrence

Other

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