



**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, 420 Raymond Street, 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: _____

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

 Date of Report

 Signature of Person Reporting Allegation

Print Name: _____
 Address: _____

 Telephone: _____
