

APPENDIX

Reporting a Sexual Abuse Complaint:

The following confidential report form will be used and provided to all diocesan employees and volunteers. When the following report is received by the Chancery Office, the attached procedures will be initiated.

REPORT OF SUSPECTED SEXUAL MISCONDUCT BY
DIOCESAN PERSONNEL

SEND COMPLETED FORM TO THE CHANCELLOR

1001 North Grand Avenue Pueblo,
CO 81003

CONFIDENTIAL (FOR INTERNAL USE ONLY)

Reported by

(Name/Title)

(Address)

(City, Zip)

(Telephone)

Date of Report _

Person accused of Abuse

(Name/Title)

(Address)

(City, Zip)

(Telephone)

Other Person(s)
involved

(Name/Title)

(Address)

(City, Zip)

(Telephone)

SEND COMPLETED FORM TO THE CHANCELLOR

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CO 81003

Describe incident of suspected sexual abuse, including date, time, location and name of reported victim:

Identify eyewitnesses to the incident, including names, addresses and telephone numbers, where available:

Other information which may be helpful to the investigation:

DIOCESE OF PUEBLO
SEXUAL HARASSMENT COMPLAINT FORM

NAME _____ JOB TITLE _____

PARISH _____

NAME OF IMMEDIATE SUPERVISOR _____

STATEMENT OF COMPLAINT (BE SPECIFIC. PLEASE READ THE POLICY STATEMENT BEFORE
COMPLETING THIS SECTION.) _____

DATE OF INCIDENT _____

NAME(S) OF PERSON(S) ACCUSED OF WRONGDOING _____

NAME(S) OF WITNESSES _____

DESCRIPTION OF INCIDENT
(DESCRIBE ACTIONS OF ALL PERSON(S) INVOLVED, INCLUDING YOURSELF.) _____

ADJUSTMENT REQUESTED _____

EMPLOYEE SIGNATURE _____ DATE _____ TIME _____ A.M./P.M.

COMPLAINT SUBMITTED TO: (CHECK ONE)

CHANCELLOR

_____ IMMEDIATE SUPERVISOR _____
(NAME)

CHANCELLOR OR SUPERVISOR SIGNATURE

DATE RECEIVED