



**Bismarck Diocese 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, Bismarck Diocese, 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: \_\_\_\_\_

\_\_\_\_\_