COMPLAINT REPORT OF THE PASTORAL MINISTRY OF A PRIEST Archdiocese of Grouard-McLennan

Date of Report:	Name of Complainant:		
Name of parish and priest: Description of Incident (if more space is needed, use Supplementary Page): Witnesses (1) Name:	Date of Report:		
Description of Incident (if more space is needed, use Supplementary Page): Witnesses (1) Name:	Date(s) of Incident(s):		
Witnesses (1) Name:	Name of parish and priest:		
Witnesses (1) Name:	Description of Incident (if more space is need	led, use Supplementary Page):	
Witnesses (1) Name:			
(1) Name:			
(1) Name:			
Contact details:	Witnesses		
If applicable, names of those who have an issue with the same person: Signature of Complainant: Date: For Office Use Date received: Received by: Date Investigation Initiated: By: Date Investigation Concluded: By:	(1) Name:	(2)	
Signature of Complainant: Date:	Contact details:		
For Office Use Date received: Received by: Date Investigation Initiated: By: Date Investigation Concluded: By:	If applicable, names of those who have an issu	ue with the same person:	
Date received: Received by: Date Investigation Initiated: By: Date Investigation Concluded: By:	Signature of Complainant:	Date:	
Date Investigation Initiated: By:	For Office Use		
Date Investigation Concluded: By:	Date received:	Received by:	
	Date Investigation Initiated:	By:	
Date Received by Archbishop:			
\mathbf{I}	Date Received by Archbishop:		

OMPLAINT REPORT upplementary Page	