

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

Name of Complainant: _____

Date of Report: _____

Date(s) of Incident(s): _____

Name of parish and priest: _____

Description of Incident (if more space is needed, use Supplementary Page):

Witnesses

(1) Name: _____ (2) _____

Contact details: _____

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: _____

Date Received by Archbishop: _____

