

COMPLAINT REPORTING FORM HARASSMENT / MISCONDUCT

FAITH LUTHERAN CHURCH
FOREST LAKE, MN

All incidents reported will be investigated fairly, timely and thoroughly. All parties will be provided with appropriate due process. Investigations will reach reasonable conclusions based on the evidence collected.

Please use separate forms if reporting more than one incident.

REPORTER INFORMATION			
<i>Identification of the individual reporting the alleged misconduct</i>			
Name of reporter			
Date			
Phone	Home:		Cell:
Email			
Reporter Certification	<i>I hereby certify that by submitting this form, the information I have provided is, to the best of my knowledge, true, accurate and complete.</i>		
INCIDENT INFORMATION			
<i>Identification of the alleged victim/accused individual/witness and description of the alleged incident</i>			
Name of victim(s)			
Date of incident			
Location where the incident occurred			
Name of person(s) believed to harass the victim			
Name of witness(es), if any			
Describe the incident as clearly as possible, with as much detail as needed			

FOR FAITH INTERNAL USE ONLY	
WRITTEN REPORT INFORMATION	
<i>Identification of the individual receiving the completed form</i>	
Name of person who received the written report	
Date of receipt of written report	
COMPLETE THE NEXT SECTION ONLY IF THE REPORTER PROVIDED AN ORAL REPORT	
ORAL REPORT INFORMATION	
<i>Identification of the individual receiving the oral report</i>	
Name of person who received the oral report	
Date when the oral report was received	
Certification of person who received the oral report	<i>I hereby certify that by submitting this form, the information I have provided is, to the best of my knowledge, a true, accurate and complete representation of the oral report provided to me by the Reporter identified above.</i>
Name of person filling out the form, if different from the above	