

**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 priest about whom this complaint is being filed:

\_\_\_\_\_

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: \_\_\_\_\_

