

Incident Report – Code of Conduct Violations

Use this form to submit a complaint about violations of the Code of Conduct of the Archdiocese of Grouard-McLennan. The Code of Conduct may be found in Policy 5.1.2 Safe Environment.

The Code of Conduct applies to all clergy, employees and volunteers of the Archdiocese of Grouard-McLennan.

This form may be submitted to the Misconduct Policy Administrator by:

- emailing it to misconduct.agm@outlook.com;
- sending a fax to (780) 532-9706;
- mailing it to:

Misconduct Policy Administrator
10301 102 Street
Grande Prairie AB T8V2W2

You may also report the incident:

- by telephoning 780-532-9766 and leaving a message for the MPA;
- by reporting the incident(s) of misconduct in writing, without using the form, by email, fax or mail, as above;
- by reporting the incident(s) to your pastor, parish staff, or archdiocesan staff, who are mandated to bring the report to the MPA.

Please provide as much detail as possible about the incident or incidents being reported.

You are encouraged to provide your name and contact details but this is not required. **No steps will be taken to identify complainants** if they choose to report anonymously.

Thank you for helping to keep the parishes and activities of the Archdiocese of Grouard-McLennan safe environments for everyone!

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Complainant Information

Name of Complainant: _____

I wish to report anonymously

Best way to contact Phone: _____

Email: _____

Please do not contact me

Information of person being reported for misconduct

Name or description of person being reported: _____

I don't know the person's name

Position or ministry of person being reported: _____

Description of misconduct and/or incident

Date(s) of Incident(s): _____

Location of the Incident(s): _____

Description of Incident (if more space is needed, use reverse or attach additional pages:

Were other people present at the time of the incident(s)? Yes No I don't know

Names and contact information of witnesses who consent to be interviewed or provide a statement:

Name	Contact details
Name	Contact details
Name	Contact details

Date of Report: _____

Signature of Complainant:

(Date)

Received by Supervisor:

(Title) (Signature)

(Date)

