



**DIOCESE OF BISMARCK COMPLAINT FORM  
FOR ALLEGATIONS OF  
SEXUAL ABUSE OF A MINOR  
(PLEASE NOTE: ALLEGATIONS OF KNOWN  
OR SUSPECTED CASES OF ABUSE MUST  
FIRST BE REPORTED TO CIVIL AUTHORITIES.)**



This form may be used to present allegations that a priest, deacon or Church employee, or volunteer has committed an act of sexual abuse of a minor. The completed form is CONFIDENTIAL and is to be submitted to: Chancellor, Diocese of Bismarck, 420 Raymond Street, PO Box 1575, Bismarck, ND 58502-1575, in a sealed envelope clearly marked CONFIDENTIAL.

**I. INFORMATION AS TO MINOR**

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Name and Address of Parent(s) or Guardian: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Parish/School attending: \_\_\_\_\_

**II. INFORMATION AS TO ACCUSED**

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_Clergy \_\_\_\_\_Deacon \_\_\_\_\_Employee \_\_\_\_\_Volunteer  
 Name and Address of place of employment: \_\_\_\_\_  
 \_\_\_\_\_

Has accused been confronted or informed of allegation? \_\_\_\_\_Yes \_\_\_\_\_No  
 If yes, when and by whom: \_\_\_\_\_  
 \_\_\_\_\_

**III. INFORMATION AS TO ALLEGATIONS**

Brief description of alleged abuse (time, place and acts): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Allegations must first be reported to the county social services agency in which the abuse is alleged to have occurred.* Has this been done? \_\_\_\_\_Yes \_\_\_\_\_No  
 If yes, when, how and to whom: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date of Report

\_\_\_\_\_  
 Signature of Person Reporting

Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_