



**The Church of the Incarnation  
Report of Suspected Sexual Misconduct**

**Information Regarding the Person Suspected of Sexual Misconduct:**

Name of suspected abuser: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Title/relationship to the church (if any): \_\_\_\_\_

**Information Regarding Suspected Victim(s):**

Name of suspected victim: \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Relationship to the church: \_\_\_\_\_

Name of any other suspected victim: Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Relationship to the church: \_\_\_\_\_

**Information Regarding Incident(s) of Suspected Sexual Misconduct**

1. Describe each incidence of suspected sexual misconduct, including the action, date(s), time(s), and location(s) of suspected sexual misconduct.

2. Describe any physical evidence of the suspected sexual misconduct.

3. Name any eyewitness to the suspected sexual misconduct (additional information regarding witnesses is sought below), and describe how that witness viewed the event.

**Information Regarding Witnesses to suspected sexual misconduct:**

Name of witness: \_\_\_\_\_

Age of witness: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Relationship to the church: \_\_\_\_\_

Name of additional witness: \_\_\_\_\_

Age of witness: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Relationship to the church: \_\_\_\_\_

**Information Regarding Person(s) to Whom Suspected Sexual Misconduct was Reported:**

Name and title of church official to whom the abuse initially was reported (for example, small group leader, parish council member, Rector):

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Date the initial report was made: \_\_\_\_\_

**Name and title of the person making the initial report to the church response team:**

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Relationship to the church (if any): \_\_\_\_\_

**Has the suspected abuse been reported to police?**

If yes, state the date the report was made to police: \_\_\_\_\_

Name and title of person reporting to police: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Police department and contact person: \_\_\_\_\_

Police contact's telephone number:

**Has suspected sexual misconduct been reported to the Diocese via telephone?**

If yes, the date report was made to the Diocese: \_\_\_\_\_

Name and title of person reporting to the Diocese \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Diocese contact person: Bishop Steve Breedlove; Bishop Ordinary of Christ our Hope

Diocese contact's telephone: 984-999-4604; sbreedlove@adhope.org

**Is a copy of this completed report being sent to the Diocese?**

If yes, state date when report is being sent: \_\_\_\_\_

Name and title of person sending report to the Diocese: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Diocese contact person to whom report is being sent: Bishop Steve Breedlove; Bishop Ordinary of Christ our Hope

Any other information which may be helpful to the investigation:

**Information Regarding Person Completing this Form:**

Name and title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home/work/cell): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Church (COTI) requests the complainant does not publicly accuse or report via social media:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Parish Council  
October 31, 2019