

The Diocesan Misconduct Policy



Appendix 1 – Diocesan Misconduct Complaint Form

Please use a pen, not a pencil. Be sure to complete Sections A through I, inclusive of the form. Contact the Diocesan Misconduct Officer or the Leader of the event, activity or program if you need any assistance to complete the form. Submit the completed form to either the Diocesan Misconduct Officer or the Leader. Please sign and date each page of the form, and each additional page that you may attach.

Timeline to Submit Your Complaint:

The Diocesan Misconduct Officer must receive your complaint within twelve (12) months after the alleged misconduct event took place.

Today's Date: \_\_\_\_\_  
(yyyy/mm/dd)

SECTION A: Your Name and Age (You are the Complainant)

A1: \_\_\_\_\_  
Your Surname, First Name, (Nickname), Initial

A2: \_\_\_\_\_  
Your Age in Years

If you are complaining on behalf of someone else, then identify the name and age of that person; otherwise, insert 'Not/Applicable', sign and date the bottom of the page, and skip to Section B:

A3: \_\_\_\_\_  
Surname, First Name (Nickname), Initial

A4: \_\_\_\_\_  
Age in Years

\_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ pages  
Complainant's Signature Date (yyyy/mm/dd)

**SECTION B – Who are your complaining about? (This is the Respondent)**

<b>B1:</b> Name of person (Please print):			
Street or Mailing Address:			
Town/City and Province	Postal Code	Email Address (if known)	Telephone or Cellular Phone Number (include area code)

**Additional Respondent(s)**

**(2)**

<b>B2:</b> Name of person (Please print):			
Street or Mailing Address:			
Town/City and Province	Postal Code	Email Address (if known)	Telephone or Cellular Phone Number (include area code)

**(3)**

<b>B3:</b> Name of person (Please print):			
Street or Mailing Address:			
Town/City and Province	Postal Code	Email Address (if known)	Telephone or Cellular Phone Number (include area code)

\_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ pages  
 Complainant's Signature                      Date (yyyy/mm/dd)

**SECTION C** – Identify the Leader(s) and the Church activity, event or program where the misconduct took place.

“Leader” means a leadership role in an activity, event or program by a lay person or religious leader in which s/he has authority for the delivery of the activity, event or program and who is expected to have direct interaction with or oversight of children, youth or vulnerable adults.

<p><b>C1: Name of Leader (1), (Please print):</b></p> <p>Telephone or Cellular Number (Include area code):</p> <p>Email Address:</p>			
<p>Name of Co-Leader (2), (Please print):</p> <p>Telephone or Cellular Number (Include area code):</p> <p>Email Address:</p>			
<p>Name of Co-Leader (3), (Please print):</p> <p>Telephone or Cellular Number (Include area code):</p> <p>Email Address:</p>			
<p>Name of the Church Event, Activity or Program where the misconduct took place</p>			
<p>Location of the Church Event, Activity or Program where the misconduct took place:</p> <p>Street Address (Please Print):</p>			
Town/City	Province	Postal Code	Telephone or Cellular Phone Number (include area code)

\_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ pages  
 Complainant’s Signature                      Date (yyyy/mm/dd)

**SECTION D – Identify the Type of Alleged Misconduct**

**D1: Definition of Misconduct:**

“misconduct” means unacceptable behavior, abuse or maltreatment that includes physical or sexual assault, bullying, harassment and/or economic, emotional, physical or sexual misconduct, and for the purposes of this Regulation, includes any discriminatory practices described in the [Part 1 \(Proscribed Discrimination\)](#) of the Canadian Human Rights Act or the [New Brunswick Human Rights Act](#);

**D2: Burden of Proof and Presumed Innocent:**

In accordance with s. 3(6) of the Diocesan Misconduct Policy, a complainant shall prove that s/he has been subject to misconduct, and a respondent is deemed to be innocent until proven otherwise.

**D3: Check off one or more boxes that you believe represents a true and accurate account of the type of misconduct:**

- |  |  |
|--|--|
| <input type="checkbox"/> Physical assault                              | <input type="checkbox"/> Sexual assault                  |
| <input type="checkbox"/> Bullying (Physical, Emotional, Psychological) | <input type="checkbox"/> Harassment (Physical or Sexual) |
| <input type="checkbox"/> Economic misconduct                           | <input type="checkbox"/> Emotional misconduct            |
| <input type="checkbox"/> Physical misconduct                           | <input type="checkbox"/> Sexual misconduct               |

Note: Definitions for each type of misconduct are provided in Part 1 of the Safe Church Regulation (Definitions of Terms).

- Discriminatory practice (Check off one or more boxes that apply)
- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Race             | <input type="checkbox"/> Ancestry         | <input type="checkbox"/> National Origin    | <input type="checkbox"/> Place of Origin     |
| <input type="checkbox"/> Colour           | <input type="checkbox"/> Religion         | <input type="checkbox"/> Marital Status     | <input type="checkbox"/> Mental Disability   |
| <input type="checkbox"/> Age              | <input type="checkbox"/> Sex              | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Political Belief | <input type="checkbox"/> Social Condition | <input type="checkbox"/> Employment Status  | <input type="checkbox"/> Voluntary Status    |

\_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ pages  
Complainant’s Signature Date (yyyy/mm/dd)













**SECTION I - Complainant's Declarations and Understandings.** Read the following four statements. Sign and date after each statement. If the Complainant is a child or youth, then the parent or guardian shall sign below each statement as well.

**I1:** I am making a complaint under the Diocesan Safe Church Regulation – Diocesan Misconduct Policy. I declare the information I have provided on this form to be true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Complainant's Parent or Guardian Signature  
(If the Complainant is a child)

\_\_\_\_\_  
Date (yyyy/mm/dd)

**I2:** I understand that if my complaint is accepted by the Diocesan Misconduct Officer, then a copy of the accepted complaint will be sent to the Respondent(s):

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Complainant's Parent or Guardian Signature  
(If the Complainant is a child)

\_\_\_\_\_  
Date (yyyy/mm/dd)

**I3:** I understand that the Diocese will also send any supporting medical information and other important record or document to the Respondent(s) during the investigation process:

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Complainant's Parent or Guardian Signature  
(If the Complainant is a child)

\_\_\_\_\_  
Date (yyyy/mm/dd)

Page \_\_\_\_ of \_\_\_\_ pages

**I4:** I have signed, dated and numbered each page, including each additional page attached, of this complaint form:

\_\_\_\_\_

Complainant's Signature

\_\_\_\_\_

Date (yyyy/mm/dd)

\_\_\_\_\_

Complainant's Parent or Guardian Signature  
(If the Complainant is a child)

\_\_\_\_\_

Date (yyyy/mm/dd)

REMEMBER TO PROVIDE THE DIOCESAN MISCONDUCT OFFICER WITH ANY CHANGES TO YOUR CONTACT INFORMATION AS THE DIOCESE MAY CLOSE YOUR COMPLAINT AS HAVING BEEN ABANDONED IF WE ARE UABLE TO CONTACT YOU.

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