

# Report of Alleged Sexual or Professional Misconduct

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

Annual Conference: \_\_\_\_\_ District: \_\_\_\_\_

## COMPLAINANT INFORMATION (PERSON COMPLETING FORM)

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## RESPONDENT INFORMATION (PERSON BEING REPORTED)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## RESPONDENT AREA(S) OF ALLEGED MISCONDUCT (CHECK ALL THAT APPLY):

- |   |  |
|---|--|
| <input type="checkbox"/> Child abuse                            | <input type="checkbox"/> Crime   |
| <input type="checkbox"/> Sexual abuse                           | <input type="checkbox"/> Practices incompatible with Christian teachings   |
| <input type="checkbox"/> Sexual misconduct                      | <input type="checkbox"/> Failure to perform the work of ministry   |
| <input type="checkbox"/> Use or possession of pornography       | <input type="checkbox"/> Disobedience to the order and Discipline of The United Methodist Church                                     |
| <input type="checkbox"/> Harassment (sexual, racial, other)     | <input type="checkbox"/> Dissemination of doctrines contrary to the established standards of doctrine of The United Methodist Church |
| <input type="checkbox"/> Discrimination (racial, gender, other) | <input type="checkbox"/> Relationships and/or behaviors that undermine the ministry of another pastor                                |
| <input type="checkbox"/> Abuse of pastoral authority            | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Breach of confidentiality              | _____  |
| <input type="checkbox"/> Funds mismanagement                    |  |
| <input type="checkbox"/> Dishonesty                             |  |
| <input type="checkbox"/> Plagiarism                             |  |
| <input type="checkbox"/> Immorality                             |  |

# Report of Alleged Sexual or Professional Misconduct

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Complainant Last Name: \_\_\_\_\_ Respondent Last Name: \_\_\_\_\_

## MISCONDUCT REPORT

On this page, please give a detailed description of the incident that prompted this report. You may attach more pages if needed, and any relevant documentation, if applicable and available. In your detailed description, include the following information: *What did the respondent do? Where? When? What was the impact of the behavior?*

Legitimate reports are encouraged and will be taken seriously without retaliation from anyone involved in the process of response. However, individuals who make false or frivolous reports will be held accountable. Confidentiality will be preserved, and general information will only be shared on a need-to-know basis. A certain degree of transparency is essential for the process of just resolution, accountability, and healing.

Incident Date/Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

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\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date Signed

*In order for the concern(s) to be acted upon, this report must be signed and dated.*

# Report of Alleged Sexual or Professional Misconduct

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Complainant Last Name: \_\_\_\_\_ Respondent Last Name: \_\_\_\_\_

## WITNESS 1

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State briefly how witness has knowledge of the incident being reported:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (complainant):  have discussed this concern with this witness.

have not discussed this concern with this witness.

## WITNESS 2

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State briefly how witness has knowledge of the incident being reported:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (complainant):  have discussed this concern with this witness.

have not discussed this concern with this witness.

# Report of Alleged Sexual or Professional Misconduct

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Complainant Last Name: \_\_\_\_\_ Respondent Last Name: \_\_\_\_\_

## WITNESS 3

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State briefly how witness has knowledge of the incident being reported:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (complainant):  have discussed this concern with this witness.

have not discussed this concern with this witness.

## WITNESS 4

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State briefly how witness has knowledge of the incident being reported:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (complainant):  have discussed this concern with this witness.

have not discussed this concern with this witness.