

## Appendix II – Diocesan Misconduct Complaint Form

Thank you for filling out this form. The Anglican Diocese of Quebec takes all complaints of misconduct seriously, and is committed to investigating them.

### **Instructions for filling out this form**

Use a pen. Do not use pencil. Be sure to complete Sections A through G of the form. Contact the Designated Officer of Synod or the Leader of the event, activity or program if you need any assistance to complete the form. You may leave any section blank if there is any information you don't know or don't wish to disclose, but please keep in mind that it will help the diocese's investigation to provide as complete information as possible.

Please sign and date each page of the form, and each additional page that you may attach.

Submit the completed form to the Diocesan Misconduct Officer at the address below:

Stephen Kohner  
2473 rue le Caron  
Baie-Comeau, QC G5C 2G7  
418-295-3431  
*skohner@quebec.anglican.ca*

### **SECTION A: Your Name and Age** (You are the “Complainant”)

Your Last Name, First Name

Your Date of Birth

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

Family Name, First Name

Date of Birth

\_\_\_\_\_, Page \_\_\_\_\_ of \_\_\_\_\_ pages  
Signature Date (yyyy/mm/dd)

**SECTION B – Who are you complaining about?** (This is the accused person)

Please provide as much information as you can about the person who committed the misconduct. You may attach another page for more than three names if multiple people were involved. Remember to sign, date, and number each page.

Name of person who committed misconduct (please print):
Contact information (if known):

**Additional Name(s)**

Name of person (please print):
Contact information (if known):

Name of person (please print):
Contact information (if known):

\_\_\_\_\_, Page \_\_\_\_\_ of \_\_\_\_\_ pages  
Signature \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

**SECTION C – Leader(s) of the church activity, event, or program where the misconduct took place.**

Please identify the leader(s) of the church activity, event, or program where the misconduct took place.

A “leader” may be a lay person or religious leader who is in charge of an activity, event, or program, or who is expected to interact with or oversee children, youth, or vulnerable adults.

Name of Leader (1) (Please print):		
Contact information (if known)		
Telephone:		
Email:		
Name of Co-Leader (2) (if applicable):		
Contact information (if known)		
Telephone:		
Email:		
Name of Co-Leader (3) (if applicable):		
Contact information (if known)		
Telephone:		
Email:		
Name of the Church Event, Activity, or Program where the misconduct took place		
Location of the Church Event, Activity, or Program where the misconduct took place:		
Street Address (Please Print):		
Town/City and Province	Postal Code	Phone Number (if applicable)

**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.

**D2: Presumed Innocence:**

In accordance with section 4(e) of the Diocesan Sexual Misconduct Policy, all complaints will be taken seriously and will be investigated. The existence of a complaint does not constitute proof of a person’s guilt, and the person accused of causing harm will be considered innocent until the complaint is investigated. (Section 4(f)).

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

See Section 3 of the Diocesan Sexual Misconduct Policy for definitions.

- Physical assault
- Bullying (Physical, Emotional, Psychological)
- Financial misconduct (e.g., fraud)
- Physical misconduct
- Sexual assault
- Harassment (Physical or Sexual)
- Emotional misconduct

\_\_\_\_\_, Page \_\_\_\_\_ of \_\_\_\_\_ pages  
Signature Date (yyyy/mm/dd)

**SECTION E: Description of the misconduct**

Describe in your own words what happened that you believe was misconduct. Include who did what, and when it happened, and anything the accused person said to you at the time or afterward that you think might be relevant. Provide dates (yyyy/mm/dd)

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(Continue on next page if needed)

\_\_\_\_\_, Page \_\_\_\_\_ of \_\_\_\_\_ pages  
Signature Date (yyyy/mm/dd)

SECTION E (continued, if required)

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If you need more space, please attach additional pages. Remember to sign, date, and number each page.

\_\_\_\_\_, Page \_\_\_\_\_ of \_\_\_\_\_ pages  
Signature Date (yyyy/mm/dd)



**SECTION G – Declarations and Understandings.**

Read the following four statements. Sign and date after each statement. If the person filling out the form is a child or youth, then the parent or guardian shall sign below each statement as well.

**1) I am making a complaint under the Diocesan Sexual 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.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Parent or Guardian Signature  
(If the person filling out the form is a child)

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

**2) I understand that if my complaint is accepted by the Designated Officer of Synod, then a copy of the accepted complaint will be sent to the accused person:**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Parent or Guardian Signature  
(If the person filling out the form is a child)

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

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Parent or Guardian Signature  
(If the person filling out the form is a child)

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

REMEMBER TO PROVIDE THE DESIGNATED OFFICER OF SYNOD WITH ANY CHANGES TO YOUR CONTACT INFORMATION. IF THE DIOCESE IS UNABLE TO CONTACT YOU, WE MAY BE FORCED TO CLOSE YOUR COMPLAINT AS HAVING BEEN ABANDONED.

End of Diocesan Misconduct Complaint Form.





## **Appendix IV – Tracking the Diocesan Misconduct Complaint Form**

The Office of the Designated Officer of Synod shall complete the following information upon receipt of this complaint form, and update this section from time to time throughout the complaint resolution process.

**1. Date the Misconduct Complaint Form Was Received** \_\_\_\_\_  
(yyyy/mm/dd)

**2. Date of the Most Recent Misconduct Event:** \_\_\_\_\_  
(yyyy/mm/dd)

**3. Status of Resolution of Complaint:** Give the date and a brief description for each status update. Each update shall be initialed by the person making the update.

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