

Report of Clergy Sexual or Professional Misconduct

North Carolina Conference of The United Methodist Church

Revised May 2013

Report Date: _____

Claimant Information (Person completing this report)

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 Misconduct

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

Misconduct Report

On the following page, please give a detailed description of the incident that prompted this report of concern and attach documentation if applicable and available. (Attach more pages if needed.) Please include the following: What did the accused 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.

Misconduct Report Claimant Last Name _____ Respondent Last Name _____

Incident Date/Time:

Location:

Lined area for writing the report details.

Claimant Signature

Date Signed

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

Misconduct Report Claimant Last Name _____ Respondent Last Name _____

Witness 1

Name _____ Email _____

Mailing Address _____

Home Phone _____ Cell Phone _____

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

_____ I Have _____ I Have Not Discussed this concern with this witness.

Witness 2

Name _____ Email _____

Mailing Address _____

Home Phone _____ Cell Phone _____

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

_____ I Have _____ I Have Not Discussed this concern with this witness.

Witness 3

Name _____ Email _____

Mailing Address _____

Home Phone _____ Cell Phone _____

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

_____ I Have _____ I Have Not Discussed this concern with this witness.