

Complaint Form: Sexual Abuse
by Clergy, Church Ministers or Volunteers
Diocese of Great Falls-Billings

Information about Complainant:

Name: _____

Address: _____

Phone(s): _____

E-mail: _____

Information about the Sexual Abuse:

Date of abuse: _____

Name of victim: _____

Age of victim at time of abuse: _____

Name of abuser: _____

Description of abuse: _____

Signature of Complainant _____
Date _____

**Upon completion, this form should be sent in confidence to:
Sister Kathleen Kane, O.P, Victim Assistance Coordinator
Diocese of Great Falls-Billings
PO Box 20; Big Sandy, MT 59520**

If you have any questions or concerns about how to complete this form to present an allegation,

Go to the diocesan website at www.dioceseofgfb.org for policies. Pursuant to diocesan policy, all complaints of sexual abuse involving priests, religious, employees and volunteers serving the Diocese of Great Fall-Billings will be investigated by the diocesan Sexual Ethics Investigation Team.

All information received will be treated with confidentiality.

All alleged victims are advised of their right to report the alleged abuse to public authorities.