

Presbytery of Des Moines

Sexual Misconduct Complaint Form

In all instances and with all persons, in the investigation a healing process will be attempted.

Name _____

Address _____

Phone# _____ Date _____

Person Suspected of Misconduct:

Name _____ Phone# _____

Address _____

Please write a brief summary of alleged sexual misconduct including date(s), time(s), and location(s).

Please continue on back, if necessary. Thank you for having the courage to report this.

Please submit this form to: Stated Clerk
Presbytery of Des Moines
1864 Highway 86
Lakeshore Center At Okoboji
Milford, IA 51351-7267

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