



**DIOCESE OF LA CROSSE - REPORT FORM
SEXUAL MISCONDUCT**

This report will be made to the Complaint Intake Agent of the Diocese of La Crosse pursuant to the Revised Child Sexual Abuse Policy and Procedure of the Diocese of La Crosse (Green Book) or Revised Policy and Procedures on Sexual Misconduct for the Diocese of La Crosse (Red Book).

Today's date: _____

Name of person making this report: _____

Name of person accused of sexual misconduct: _____

Name of person alleged to be a victim of sexual misconduct: _____

Describe specifically what actions constituted sexual misconduct: (attach statement if necessary)

Dates of each occurrence: _____

Age of alleged victim at time of alleged sexual misconduct: _____

Place where alleged sexual misconduct occurred: _____

Position of accused at time of the occurrence: (bishop, priest, deacon, employee, religious, vendor or volunteer)

Does the person alleged to be the victim of sexual misconduct know of this report?
 Yes No

Witnesses or other evidence that may corroborate this report: _____

How may we contact you?

Address _____

Telephone: (_____) _____

Email _____

Please submit this report to: **Mrs. Karen Becker
Complaint Intake Agent
P.O. Box 4004
La Crosse, WI 54602-4004**