

REPORT OF SEXUAL MISCONDUCT
(NOT involving Minors or Vulnerable Adult)

Date of Report: _____ Time: _____

Complainant's contact information: _____

Victim's name, age, contact information: _____

Alleged Responsible Person's Name(s), Identifying information: _____

Date, Time, Event/Activity Name, Location of Alleged Abuse or Misconduct: _____

Name(s), Address(es), Phone(s) of Witnesses: _____

Describe observed or reported abuse or misconduct: _____

Parties Notified:

Name	When	How
_____	_____	_____
Name	When	How
Safety Response Coordinator Name	When	How

Report Submitted to: _____ Date: _____

Signature of person completing this report _____

Printed name _____

Return to Stated Clerk, Presbytery of Wyoming, 7703 Hawthorne Dr., Cheyenne, WY 82009,
klt@presbywy.org