

**EPARCHY OF STAMFORD**

**Complaint of Misconduct Against Clergy**  
**Or Church Personnel**

**Person making the complaint:**

<b>Name:</b> _____
<b>Address:</b> _____
_____
<b>Telephone:</b> _____

**What is the relationship to the person whom you believe to be the victim of abuse?**

- Self**
- Parent**
- Grandparent**
- Other Relative**
- Friend**
- Neighbor**
- Teacher/Catechist**
- Employee**
- Other**      **Please specify:** \_\_\_\_\_

**Who do you believe to be the victim of abuse?**

<b>Name:</b> _____
<b>Address:</b> _____
_____
<b>Phone:</b> _____
<b>Age:</b> _____ <b>School:</b> _____
<b>Parish:</b> _____

**Whom are you accusing of abuse or misconduct?**

<b>Name:</b> _____
<b>Position/Title:</b> _____
<b>Parish/School:</b> _____
<b>Address:</b> _____
_____
<b>Phone:</b> _____

**When did this happen?    Date:** \_\_\_\_\_

Where did this occur? \_\_\_\_\_  
\_\_\_\_\_

How do you know about this? \_\_\_\_\_

Please describe this incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You have the right to report this incident directly to the local police station and to contact the state agency responsible for child abuse. The local parish or the Chancery office will provide you with the phone numbers that you need.**

Have you reported this incident to any agency or civil authority? \_\_\_\_\_

To Whom? \_\_\_\_\_

Would you like to meet with the Bishop or one of his representatives? \_\_\_\_\_

Would you like to talk with our Victim Assistance Coordinator? \_\_\_\_\_

Is there any other information you would like us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this form to: **Rev. Ihor Midzak  
Vicar General  
Eparchy of Stamford  
14 Peveril Road  
Stamford, CT. 06902**

You may contact him directly at 203-324-7698 or fax the form to 203-967-9948.

Thank you for providing us with this information. You will be contacted by a representative of the Eparchy within 24 hours.

