

The Catholic Diocese of Victoria in Texas Office of Human Resources

Allegation(s) of Misconduct Reporting Form

This document should be initiated when a complainant is reporting an Allegation(s) of Misconduct:

SECTION I: Complainant Information:	
Employee Name:	Department:
Date of Meeting:	Location:
Phone Number:	Email:
SECTION II: Accused Information:	
Employee Name:	Department:
Relationship to	Location:
Complainant:	
Phone Number: ECTION III: Details of Allegation(s) of	Email: Misconduct: dent, please report each event on a separate form)
Phone Number: ECTION III: Details of Allegation(s) of	Misconduct:
Phone Number: SECTION III: Details of Allegation(s) of 1. Date of Incident: (if more than one incident)	Misconduct:
	Misconduct:



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Co Wi	mplainant Signature: tness Signature: pate Completed: cector of HR: Date Completed: Date Completed:
SEC	CTION IV: Completion of Initial Meeting:
8.	What is your desired outcome of the investigation:
	a copy of the evidence):
7	Is there any physical evidence that supports your complaint? (If so, please describe and/or attach
6.	Were there any witnesses to this specific incident? (If yes, please provide their names):
5.	Did you report the incident to anyone at your location? If yes, who and when?:
4.	How did you react to the situation? Did you take any action to stop the perceived inappropriate behavior?:



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SECTION IV: Meeting with Accused:			
Date and Time of 1st Follow-Up Meeting:			
Date and Time of 2 nd Follow-Up Meeting:			
Date and Time of 3 rd Follow-Up Meeting:			
Date and Time of Final Follow-Up Meeting:			

HR Use Only:

- ☐ Completed Investigation Notes (if applicable)
- □ Placed documents and notes in Confidential Investigation File
- ☐ Informed other relevant parties (if applicable)