

FOR OFFICE USE ONLY
 Date Received:
 Received By:



Case No. _____

RESPONSE TO CONCERN

Section A. MINISTRY LEADER		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
EMAIL ADDRESS	MOBILE PHONE	
CURRENT MINISTRY POSITION(S)		
ON WHAT DATE DID YOU RECEIVE A COPY OF THE REPORT OF CONCERN?		
WHAT IS YOUR PAST ASSOCIATION OR RELATIONSHIP WITH THE PERSON WITH THE CONCERN?		
WHAT IS YOUR PRESENT ASSOCIATION OR RELATIONSHIP WITH THE PERSON WITH THE CONCERN?		
Section B. DETAILED RESPONSE TO THE REPORTED CONCERN (WHAT HAPPENED? WHERE? WHEN? WHO WERE THE PEOPLE INVOLVED? WHAT CHURCH(S) WAS INVOLVED, IF ANY? WHAT OTHER ORGANIZATION(S) WAS INVOLVED, IF ANY? WHAT WAS THE IMPACT OF YOUR BEHAVIOR?) (attach additional sheet, if needed)		

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Section C. YOUR ATTEMPTS TO RESOLVE THE CONCERN		
PLEASE CHECK ALL THAT APPLY	<input type="checkbox"/> I have personally met with the person to discuss his/her concern.	Please describe the nature and outcome of the meeting
	<input type="checkbox"/> I have not met personally with the person to discuss his/her concern.	Please explain why you have not met personally with the person.
	<input type="checkbox"/> I have discussed this concern with my authorizing body.	When and to whom did you report this concern? What was the outcome?
	<input type="checkbox"/> I have not reported my concern to my authorizing body.	Please explain why you have not reported this concern to the ministry leader's authorizing body?
Section D. ACTIONS TAKEN/NOT TAKEN IN RESPONSE TO THE REPORT OF CONCERN		
PLEASE SELECT ONE	<input type="checkbox"/> At no time have I communicated with or personally confronted the person with the concern in an abusive, threatening, or any other inappropriate manner.	
	<input type="checkbox"/> At no time have I communicated with or personally confronted any of the witnesses listed in the Report of Concern in an abusive, threatening, or any other inappropriate manner.	

Section E. WITNESSES		
Please list all witnesses that have first-hand knowledge that would refute the concern		
WITNESS 1		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
MOBILE PHONE	EMAIL ADDRESS	
MINISTRY POSITION (IF ANY)	<input type="checkbox"/> I have discussed this concern with this witness. <input type="checkbox"/> I have not discussed this concern with this witness.	
WITNESS 2		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
MOBILE PHONE	EMAIL ADDRESS	
MINISTRY POSITION (IF ANY)	<input type="checkbox"/> I have discussed this concern with this witness. <input type="checkbox"/> I have not discussed this concern with this witness.	
WITNESS 3		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
MOBILE PHONE	EMAIL ADDRESS	

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MINISTRY POSITION (IF ANY)		<input type="checkbox"/> I have discussed this concern with this witness. <input type="checkbox"/> I have not discussed this concern with this witness. <input type="checkbox"/>	
WITNESS 4			
NAME			
MAILING ADDRESS			
CITY	STATE	POSTAL CODE	
NATION			
HOME PHONE		BUSINESS PHONE	
MOBILE PHONE		EMAIL ADDRESS	
MINISTRY POSITION (IF ANY)		<input type="checkbox"/> I have discussed this concern with this witness. <input type="checkbox"/> I have not discussed this concern with this witness.	

Section F. ATTACHMENTS

**PLEASE ATTACH TO THIS FORM ANY SUPPORTING DOCUMENTS,
 PHOTOGRAPHS/VIDEOS, AUDIOTAPES THAT SUPPORT YOUR RESPONSE TO THE CONCERN**

List your attachments (attach another sheet if additional space is needed):

Item #	Description or Title
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

KEEP A COMPLETE COPY OF THIS FORM AND ALL ATTACHMENTS FOR YOUR RECORDS!

SUBMIT YOUR COMPLETED FORM TO:

