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REPORT OF INVESTIGATION

Section A. PERSON WITH THE CONCERN		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
EMAIL ADDRESS	MOBILE PHONE	
MINISTRY POSITION (IF ANY)		
Section B. ADVOCATE FOR THE PERSON WITH THE CONCERN		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
EMAIL ADDRESS	MOBILE PHONE	
MINISTRY POSITION(S), IF ANY		
Section C. MINISTRY LEADER		

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NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
EMAIL ADDRESS	MOBILE PHONE	
MINISTRY POSITION(S), IF ANY		
Section D. ADVOCATE FOR THE MINISTRY LEADER		
NAME		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
EMAIL ADDRESS	MOBILE PHONE	
MINISTRY POSITION(S), IF ANY		
Section E. AFFECTED CHURCHES/AGENCIES		
AFFECTED CHURCH/AGENCY 1		
NAME OF CHURCH/AGENCY		
CONTACT PERSON		
MAILING ADDRESS		

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CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
EMAIL ADDRESS	MOBILE PHONE	
AFFECTED CHURCH/AGENCY 2		
NAME OF CHURCH/AGENCY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	
EMAIL ADDRESS	MOBILE PHONE	
AFFECTED CHURCH/AGENCY 3		
NAME OF CHURCH/AGENCY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	POSTAL CODE
NATION		
HOME PHONE	BUSINESS PHONE	

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EMAIL ADDRESS		MOBILE PHONE	
Section F. NATURE OF CONCERN INVESTIGATED			
WHICH ALLEGED VIOLATION OF THE ETHICAL GUIDELINE HAS BEEN INVESTIGATED? (Select one)	<input type="checkbox"/> Honesty <input type="checkbox"/> Confidentiality <input type="checkbox"/> Nonviolence <input type="checkbox"/> Responsible fiscal management	<input type="checkbox"/> Sexual responsibility <input type="checkbox"/> Response use of pastoral authority <input type="checkbox"/> Professional services <input type="checkbox"/> Exercise of professional etiquette	<input type="checkbox"/> Commitment to addiction recovery <input type="checkbox"/> Covenant with MCC <input type="checkbox"/> Sexual misconduct <input type="checkbox"/> Other

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Section G. INTERVIEWEES Please list all witnesses that were interviewed	
PERSON WITH THE CONCERN	
NAME	DATE OF INTERVIEW
INTERVIEW NOTES:	
MINISTRY LEADER	
NAME	DATE OF INTERVIEW
INTERVIEW NOTES:	
WITNESS 1	
NAME	DATE OF INTERVIEW
MINISTRY POSITION (IF ANY)	
INTERVIEW NOTES:	
WITNESS 2	
NAME	DATE OF INTERVIEW
MINISTRY POSITION (IF ANY)	

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INTERVIEW NOTES:	
WITNESS 3	
NAME	DATE OF INTERVIEW
MINISTRY POSITION (IF ANY)	
INTERVIEW NOTES:	
WITNESS 4	
NAME	DATE OF INTERVIEW
MINISTRY POSITION (IF ANY)	
INTERVIEW NOTES:	
WITNESS 5	
NAME	DATE OF INTERVIEW
MINISTRY POSITION (IF ANY)	
INTERVIEW NOTES:	

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WITNESS 6	
NAME	DATE OF INTERVIEW
MINISTRY POSITION (IF ANY)	
INTERVIEW NOTES:	
WITNESS 7	
NAME	DATE OF INTERVIEW
MINISTRY POSITION (IF ANY)	
INTERVIEW NOTES:	
WITNESS 8	
NAME	DATE OF INTERVIEW
MINISTRY POSITION (IF ANY)	
INTERVIEW NOTES:	
WITNESS 9	
NAME	DATE OF INTERVIEW

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MINISTRY POSITION (IF ANY)	
INTERVIEW NOTES:	
WITNESS 10	
NAME	DATE OF INTERVIEW
MINISTRY POSITION (IF ANY)	
INTERVIEW NOTES:	

Section H.
INVESTIGATIVE FINDINGS
Section H.1.
FINDINGS THAT SUPPORT THE CONCERN

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Section H.2. FINDINGS THAT NEGATE THE CONCERN

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Section I. LIST OF ATTACHMENTS	
Item #	Description or Title
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OATH: I attest that this investigation was conducted in a diligent, complete, truthful, fair and unbiased manner in accordance with the policy concerning the conduct of investigations and directions provided to me by the Judicial Officer. I assert that I have fully disclosed to the Judicial Officer any conflicts of interest that I encountered and that I have provided evidence and facts as reported to me without assertions of my own opinions or interpretations. I have maintained confidentiality of this information and will continue to hold it confidential until directed otherwise specifically by the Judicial Officer who assigned me to conduct this investigation.

Printed name of Investigator

Signature of Investigator

Date signed: _____

End of Report of Investigation
