

**DIOCESE OF LA CROSSE - REPORT FORM
SEXUAL MISCONDUCT**

*** Cheeb Koom Txoos La Crosse – Daim ntawv soj ntsuam
kev yuam cai txhom deev.**

This report will be made to the Bishop of the Diocese of La Crosse. If the sexual misconduct involves a child under 18 by a priest or deacon, the process will follow the Revised Child Sexual Abuse Policy and Procedure of the Diocese of La Crosse (Green Book). If there is any other sexual misconduct, the process will follow the Revised Policy and Procedures on Sexual Misconduct for the Diocese of La Crosse (Red Book).

* Tsab ntawv no yuav qhia rau Txiv Tswv Qhia nyob hauv lub Cheeb Koom Txoos La Crosse paub txog kev yuam cai txhom tib neeg deev. Yog tias ib tug Txiv Plig, ib tug tub Tsob Hwb, los ib tug Xib Hwb tau txhom ib tug me nyuam hnuv yau deev, yuav tau muab kho mus raws li Cheeb Koom Txoos txoj cai lij choj nyob hauv "Phau ntawv Ntsuab" Yog tus neeg hnuv nyoog dhau 18 xyoo rov saud lawm, yuav tau muab kho mus raws li Cheeb Koom Txoos txoj cai lij choj nyob hauv "Phau ntawv Liab"

Today's date:

* Hnub tim: _____

Name of person making this report:

* Tus neeg qhia tsab xov no tawm npe hu ua: _____

Name of person accused of sexual misconduct:

* Tus neeg txhom luag deev npe hu ua: _____

Name of person alleged to be a victim of sexual misconduct:

* Tus neeg raug luag txhom deev npe hu ua: _____

Describe specifically what actions constituted sexual misconduct: (attach statement if necessary)

* Piav kom meej tias: yog vim li cas cov xwm raug yuam cai txhom deev thiaj muaj tshwm sim. Sau ib daim ntawv lo nrog: _____

Dates of each occurrence:

* Sau hnuv tshwm sim txhua txhua zaus: _____

Age of alleged victim at time of alleged sexual misconduct:

* Tus neeg raug yuam cai txhom deev hnuv nyoog: _____

Place where alleged sexual misconduct occurred:

City/State:

Parish:

* Thaj chaw raug yuam cai txhom deev nyob qhov twg: Nroog/ Xeev: _____ Tsev teev ntuj: _____

Physical location of incident(s):

* Raug yuam cai txhom deev nyob kiag thaj chaw twg: _____

Position of accused at time of the occurrence: (Volunteer, Employee, Clergy)

* Lub sij hawm tus neeg txhom luag deev ntawd nws ua hauj lwm pub dawb, ua hauj lwm them nyiaj, tus neeg qhia kev ntseeg, Txiv plig, tub Tsob Hwb) _____

Does the person alleged to be the victim of sexual misconduct know of this report? _____ Yes _____ No

Tus neeg raug luag txhom deev, puas tau paub tias muaj lwm tus neeg twb qhia nws cov teeb meem mus rau Tswv Qhia lawm?
_____ paub _____ tsis paub

Witnesses or other evidence that may corroborate this report:

* Koj puas muaj pov thawj nrog paub txog qhov xwm no: _____

How may we contact you?

* Peb yuav ua li cas thiaj ntsib tau koj?

Address:

* Chaw nyob: _____

Telephone:

* Xov tooj: (_____) _____

Please submit this report to:

* Thov xa koj qhov xov tsis haum siab xa tuaj rau:

**BISHOP OF THE DIOCESE OF LA CROSSE
3710 East Avenue South
P.O. Box 4004
La Crosse, WI 54602-4004**