

MOUNT CALVARY BAPTIST CHURH  
1735 Enterprise Drive, Bldg. 3  
Fairfield, California 94533  
Dr. Claybon Lea, Jr., Senior Pastor

**FORMAL COMPLAINT FORM  
SEXUAL HARASSMENT AND MISCONDUCT**

**Date of Complaint:** \_\_\_\_\_

**Name of person being accused:** \_\_\_\_\_

**Name to whom complaint is reported to** \_\_\_\_\_

**1. Please fully describe the incident(s) including dates, times, and places as accurately as possible (you may use reverse side of the form if necessary).**

**2. Name any witnesses(s) who know about the incident(s).**

**3. Are you aware of any other incident(s) involving other s in relation to the accused?**

**Please identify.**

4. Is there any other relevant information regarding this complaint you wish to disclose that might prove Helpful?

5. Was there sexual abuse or sexual assault? If so, additional information will be required (will be verbally discussed).

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A. Do you understand that if sexual abuse or sexual assault of a minor is involved that it has to be reported to the appropriate authorities as required by law?

B. Are you familiar with the Church's policy on sexual harassment and misconduct?

C. Do you understand that a pastoral care support person will be assigned to you if you so desire?

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**Information regarding the complaint**

Name (please Print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

(Gives your consent to proceed with investigation of the complaint)