



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

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



* 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 nyooq 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”

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).

* Hnub tim: _____
Today's date

* Tus neeg qhia tsab xov no tawm npe hu ua: _____
Name of person making this report

* Tus neeg txhom luag deev npe hu ua: _____
Name of person accused of sexual misconduct

* Tus neeg raug luag txhom deev npe hu ua: _____
Name of person alleged to be a victim of sexual misconduct

* Piv kom meej tias: yog vim li cas cov xwm raug yuam cai txhom deev thiaj muaj tshwm sim. Sau ib daim ntawv lo nrog: _____
Describe specifically what actions constituted sexual misconduct: (attach statement if necessary)

* Sau hnuv tshwm sim txhua txhua zaus: _____
Dates of each occurrence

* Tus neeg raug yuam cai txhom deev hnuv nyooq: _____
Age of alleged victim at time of alleged sexual misconduct

* Thaj chaw raug yuam cai txhom deev nyob qhov twg: Nroog/ Xeev: _____ Tsev teev ntuj: _____
Place where alleged sexual misconduct occurred: City/State: Parish:

* Raug yuam cai txhom deev nyob kias thaj chaw twg: _____
Physical location of incident(s)

* Lub sij hawm tus neeg txhom luag deev ntawd nws ua hauj lwm dab tsi: (Ua hauj lwm pub dawb, ua hauj lwm them nyiaj, tus neeg qhia kev ntseeg, Txiv plig, tub Tsob Hwb) _____
Position of accused at time of the occurrence: (Volunteer, Employee, Clergy)

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

* Koj puas muaj pov thawj nrog paub txog qhov xwm no: _____
Witnesses or other evidence that may corroborate this report

* Peb yuav ua li cas thiaj ntsib tau koj? _____
How may we contact you?

* Chaw nyob: _____
Address:

* Xov tooj: (_____) _____

Telephone:

* Thov xa koj qhov xov tsis haum siab xa tuaj rau:
Please submit this report to:

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