
Church Name

Please complete the statement below that best describes your church's status as it relates to Pastoral Counseling Grievances and Misconduct:

1. On behalf of _____ United Methodist Church, the trustees state that our church is unaware of any Pastoral Counseling claims, grievances, or misconduct and that no related claims have ever been reported to our insurance carrier. In addition, the church has not fired any employees for allegations of counseling misconduct.

Or:

2. On behalf of _____ United Methodist Church, the trustees are aware of the following alleged reports of Pastoral Counseling claims, grievances, or misconduct, and/or counseling claims that have been reported to our insurance carrier; or those employees who have been fired for allegations of counseling misconduct: Please list details:

And:

3. List all pastors and counselors the church has employed since 2000 (use second sheet if needed)

Certified that the above statements are true and correct to our knowledge:

By: _____
Signature

Print Name

Title: Trustee

By: _____
Signature

Print Name

Title: Trustee