**Report of Suspected Fraud**

**St Michael the Archangel Parish**

**DO REPORT: Any instance of suspected fraud within St. Michael the Archangel Parish;**

**DO REPORT: suspected fraud promptly; failure to do so may jeopardize the recovery of Church assets;**

**DO KEEP: detailed notes of dates, times, places, persons involved and occurrences; and**

**DO KEEP: a copy of any documents that are of a suspicious nature.**

**DO NOT: confront the suspected individual(s) with your suspicions; and**

**DO NOT: discuss the matter with anyone that you believe may be involved.**

Today’s Date (mm/dd/yy): Date(s) the incident(s) occurred (mm/dd/yy):

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**Suspected person(s) involved:**

Full name: Person’s title or role:

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**Description of suspected fraud:**

(Please indicate if you have documents or other material that might be of assistance to the investigation)

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**Your name and contact information**: (This report may be anonymous, if desired)

Full Name:

Street Address:

City, State, Zip:

Position/relation to Parish:

Email Address:

Daytime telephone:

**Other person(s) who might be aware of this fraudulent activity:**

Full name: Person’s title or role:

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**Please submit this report by mail or email to:**

Mail: Mr. Mike Horn, Internal Auditor Email: [mhorn@archkck.org](mailto:mhorn@archkck.org)

Archdiocese of Kansas City in Kansas

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