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**DIOCESE OF MANCHESTER  
OFFICE FOR MINISTERIAL CONDUCT**

**ALLEGATIONS OF SEXUAL ABUSE OF A MINOR  
REPORT SUMMARY ~ CIVIL AUTHORITIES**

**Date of Contact:** December 3, 2007      **Time:** 4:36 PM      **Received by:** Gordon MacDonald

<b>Complainant Name:</b> [REDACTED] <b>(Maiden Name):</b>
<b>Address:</b> Manchester, NH
<b>Telephone:</b>
<b>DOB:</b> [REDACTED] <b>E-mail:</b>

<b>Name of Reporter (if not Complainant):</b> Peter E. Hutchins <b>Relationship:</b> Attorney
<b>Telephone:</b> 603-629-4566 <b>Address:</b> 670 North Commercial St, Box 808, Manchester, NH 03105

**Name of Accused:** Gerald Joyal (deceased 8/09/98)

**Location (City/Town) of alleged abuse:** Manchester, New Hampshire  
**Place of alleged abuse:** Our Lady of Perpetual Help Church, Manchester, New Hampshire  
**Date of alleged abuse:** Between 1969 – 1975  
**Nature of alleged abuse:** Sexual contact as set forth in RSA 632-A:1, IV  
**Age of Complainant at time of alleged abuse:** Between 8 and 14 years old;

**Name of Accused:** William Neiman (deceased 12/10/79)  
**Location (City/Town) of alleged abuse:** Manchester, New Hampshire  
**Place of alleged abuse:** Our Lady of Perpetual Help Church, Manchester, New Hampshire  
**Date of alleged abuse:** 1977/1978  
**Nature of alleged abuse:** Sexual contact as set forth in RSA 632-A:1, IV  
**Age of Complainant at time of alleged abuse:** 15 to 16 years old

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**Complainant has been informed that the Diocese of Manchester will report this allegation to law enforcement (Attorney General/ DCYF if applicable/local law enforcement) Yes ☒ No ☐**  
**Specific Concerns:** Attorney Hutchins is aware of the Diocesan requirement to make a report to the Attorney General.

**Report to DCYF (if complainant under age of 18) 800-894-5533**  
**Date of Contact:** / /200      **Time:** :  
**Name of DCYF Intake Rep:** Not applicable

**Report to Brian Quirk (603-410-1530) for report to AG/law enforcement:**  
**Date of Contact:** 12/4/07      **Time:** 2:00 pm

**Notification to Chair, Diocesan Review Board (or in his/her absence, another member):**  
**Date of Contact:** 12/4/07      **Time:** 1:30 pm

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**Copy Distribution:**  
**Delegate** XX      **Record Clerk** XX      **Office for Healing and Pastoral Care** XX  
**Associate Delegate** XX      **Other:** ☐