

REPORT OF SUSPECTED SEXUAL MISCONDUCT BY DIOCESAN PERSONNEL

This form is to be used to submit a report to your Supervisor, Pastor, or Office of the Chancellor. It does not replace any required report that should be made to CPS (Child Protective Services) or Law Enforcement.

Date of Report: _____

Reported By: Name/Title

Address

City/State/Zip

Telephone Number

Person Suspected
of Misconduct: Name/Title

Address

City/State/Zip

Telephone Number

Alleged Victim: Name

Age _____ Sex _____

Address

City/State/Zip

Telephone Number

Supplemental Information

Describe incident of suspected sexual misconduct, including date, time and location.

Identify eye witnesses to the incident, including names, addresses and telephone numbers (if known)

Other information which may be helpful to the investigation.
