

**SEXUAL MISCONDUCT OR ABUSE REPORTING FORM  
FOR CURRENT ABUSE ALLEGATIONS**

1. This report is being submitted by:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Parish/School/Diocesan Office: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ : Zip Code: \_\_\_\_\_  
Telephone: Day \_\_\_\_\_ Evening: \_\_\_\_\_
2. Date of Report: \_\_\_\_\_
3. Victim's Name: \_\_\_\_\_ Age/Date of Birth \_\_\_\_\_
4. Describe the incident, including date, time and location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Accused: \_\_\_\_\_  
Accused Postion: \_\_\_\_\_
6. Notified Appropriate Civil Authority: Police or DSS:  
Spoke With: \_\_\_\_\_ Date/Time: \_\_\_\_\_
7. Notified Victim's Parent/Guardian:  
Spoke With: \_\_\_\_\_ Date/Time: \_\_\_\_\_
8. Notified Appropriate Diocesan Dept:  
( ) Victim Assistance Coordinator – 800-921-8122 or 843-856-0748  
( ) Safe Environment Manager– 843-261-0430

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date