

APPENDIX 2
SUGGESTED WRITTEN REPORT OF AN ALLEGATION OF ABUSE

Reporting Party

Name: _____ Date of Report: _____

Address: _____

Telephone: _____ Email: _____

Relationship of Reporting Party to Minor/Vulnerable Adult: _____

Minor/Vulnerable Adult

Name: _____ Date of birth: _____

Address: _____ Male or Female: _____

Parent/Guardian: _____

Address: _____ Telephone: _____

Is (are) the parent/guardian aware of the allegation? _____

Where is the minor/vulnerable adult now? _____

Suspected Perpetrator

Name: _____ Age: _____

Address: _____ Male or Female: _____

Relationship to Minor/Vulnerable Adult: _____

Position in the Diocese of Youngstown (clergy/employee/volunteer, etc.): _____

Where is the alleged perpetrator now? _____

Is the alleged perpetrator aware of the allegation? _____

Does the alleged perpetrator have current access to the minor/vulnerable adult or other children/vulnerable adults?

Report to Civil Authorities

Was a report made to law enforcement (police or sheriff)? _____

If yes, name person or department to whom reported: _____

If applicable, which Children's Service Agency was contacted? _____

Reason for Report

Please attach a signed letter that describes the alleged abuse, when and where the alleged abuse occurred, and any circumstances surrounding the alleged abuse

Was any electronic communication or media device involved with the alleged abuse? _____

If so, what device? _____ Is the device mobile? _____

Has the device been secured? _____ Where is the device? _____

Please provide the name, address, and telephone number of any other individuals who have knowledge of the alleged incident.

Submission of Report

(Signature of the Reporter) (Date Signed)

Printed name of the person who received this report: _____

Position of the person who received this report: _____

(Signature of the person who received this report) (Date Signed)

This report must be sent to the Victim Assistance Coordinator of the Catholic Diocese of Youngstown. Please keep a copy for your records.