$\frac{\text{APPENDIX 2}}{\text{SUGGESTED WRITTEN REPORT OF AN ALLEGATION OF ABUSE}}$ OF A MINOR OR VULNERABLE ADULT

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 ad	ult 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 an 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 ralleged abuse.	number of any other individuals who have knowledge of the	
Submission of Report		
(Signature of the Reporter)	(Date Signed)	
Printed name of the person who received this repo	ort:	
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.