

REPORT OF ALLEGED SEXUAL MISCONDUCT

Reported by: _____

Victim Parent Other

Address of reporter: _____

City/State Zip _____

Telephone: Home _____ Cell _____

Alleged Victim: _____ D.O.B. _____ Age: _____

Address: _____

City/State/Zip _____

Telephone: Home: _____ Cell _____

If a minor, do parents know about the situation? _____

Has law enforcement or child protective services been notified? _____

By Phone In person In Writing

If yes, what date? _____ Which entity? _____

What is case I.D. number or with whom did you speak? _____

Alleged Perpetrator _____

Parish where abuse occurred: _____

City/State/Zip: _____

Telephone: Home: _____ Cell _____

Occupation: _____

Relationship to alleged victim _____

Information regarding Sexual Misconduct

Dates when alleged abuse

Began: _____ Ended: _____

Age of alleged victim when abuse

Began: _____ Ended: _____

Place(s) where sexual misconduct occurred

Time(s) of day when sexual misconduct occurred

Description of sexual misconduct and the circumstances surrounding the misconduct

Witnesses or other persons involved:

Name: _____

Address: _____

Telephone: Home: _____ Cell: _____

Name: _____

Address _____

Telephone: Home _____ Cell _____

Has alleged victim received help? _____

Signature of Person filling out form _____

Name of Person filling out form _____

Please submit completed form to Susan Martinez, Victims Assistance Coordinator at
smartinez@elpasodiocese.org