

THE DIOCESE OF PENSACOLA-TALLAHASSEE
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SEXUAL MISCONDUCT REPORT FORM

Today's Date: _____

Name of Person who received report: _____

Time report was received: _____

Manner in which was received: _____

(i.e. – by telephone; in writing; through counseling; during appointment; at meeting or gathering)

A. NAME OF REPORTER: _____

WHAT IS THE REPORTER'S RELATIONSHIP WITH THE VICTIM? _____

(i.e. – is victim, parent of victim, family member of victim, friend of victim, Pastor of victim, parish employee, please specify relationship if 'other')

WHAT OR WHO IS THE SOURCE OF THIS ALLEGATION? _____

(i.e. – it happened to me, told by victim, from someone other than victim, letter, e-mail, please specify source if 'other')

ADDRESS OF REPORTER: _____

CITY: _____ STATE: _____

ZIP: _____ TELEPHONE #: wk - _____;

Hm- _____; cell- _____; FAX- _____;

e-mail- _____; Other- _____

B. NAME OF THE ALLEGED VICTIM:

BIRTHDAY OF VICTIM: _____

HOW OLD WAS VICTIM AT TIME OF ABUSE? _____

ADDRESS OF VICTIM:

CITY: _____ STATE: _____
 ZIP: _____ TELEPHONE: wk - _____ ;
 Hm- _____ ; cell - _____ ; FAX- _____ ;
 e-mail- _____ ; Other- _____

C. WHAT IS THE ALLEGATION? *(Please specify date, time, location nature of touching)*

(i.e. – sexual abuse, child abuse, sexual harassment, elder abuse, please specify if ‘other’; Please use back side or separate sheet if necessary.)

HOW FREQUENTLY AND FOR WHAT EXTENDED PERIOD DID THE ABUSE OCCUR?

D. CAN YOU IDENTIFY THE ABUSER? IF SO, PLEASE GIVE NAME

WHAT WAS THE RELATIONSHIP BETWEEN THE ABUSER AND THE VICTIM?

E. CAN YOU IDENTIFY ANY CORROBORATIVE WITNESSES?
(i.e. – other victims, eye witnesses, counselors, teachers, family members, please specify if ‘other’. Please give as complete information as possible – name, address, telephone....etc.)

<u>Name</u>	<u>Relationship to victim</u>	<u>Address</u>	<u>Telephone</u>	<u>e-mail</u>

F. HAS A REPORT BEEN MADE TO STATE CHILD PROTECTION SERVICES *(Children & Family Services in Florida)*?

NAME OF THE CONTACT AND IDENTIFICATION NUMBER?

RESPONSE OF AGENCY TO REPORT & ALLEGATION?
(Was there an investigation?)

G. HAS THE VICTIM RECEIVED COUNSELING SINCE THE ABUSE? IF SO, WHAT KIND? IF NOT, WHY?

HAS THE ABUSE AFFECTED THE LIFE OF THE ABUSED FINANCIALLY, EMOTIONALLY, AND PHYSICALLY? PLEASE ELABORATE....

IS THERE ANY OTHER INFORMATION WHICH MAY BE HELPFUL SUBSTANTIATING THIS REPORT

H. IN WHAT WAYS CAN WE HELP THE ALLEGED VICTIM?
(i.e. – counseling, support group, pastoral outreach, 'other')
