

**DIOCESE OF CHARLESTON
SEXUAL MISCONDUCT OR ABUSE REPORT FORM**

Please print or type, and if possible use black ink.

1. This report is being submitted by:

Name: _____ Title: _____

Parish/School/Diocesan Office: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day _____ Evening _____

2. Date of Report: _____

3. Victim's Name: _____ Age/Date of Birth _____

4. Describe the incident of suspected child abuse, including date, time and location: _____

5. Accused: _____

Accused's position with the parish/school/diocesan office (cleric, teacher, parent, volunteer, etc.)

6. Notified Diocesan Coordinator/Victim Assistance Minister/General Counsel:

Diocesan Coordinator - Phone number: 843-853-2130, extension 209

Victim Assistance Minister - Phone number: 843-416-1050 or 800-204-7955

General Counsel - Phone number: 843-853-4500

7. Notified Victim's parent/guardian: Yes No Spoke with: _____

Date: _____ Time: _____

8. Notified the Appropriate Law Enforcement Agency or the Department of Social Services:

Yes No Spoke with: _____ Date/Time _____

Signature of Person Reporting the Incident

Date and Time