Confidential: Keep in locked file

Episcopal Diocese of San Diego

Report of Suspected Child Abuse

(Once completed, this form should be filed with the affected parish, and a copy filed with the Bishop's office.)

Information Regarding the Person Suspected of Child Abuse:

Name of suspected abuser: _____

Address:_____

_____

Telephone *(Include Area Codes)* **Home:** _____

Work: _____

Title/relationship to the church:_____

Information Regarding Suspected Victim(s):

Name of suspected victim:_____

Age: _____ Gender: _____

Address: _____

_____

Telephone Home *(Include Area Code):* _____

Relationship to the church: _____

_____

Name of any *other* suspected victim:_____

Age: _____ Gender: _____

Address:_____

_____

Telephone Home *(Include Area Code):* _____

Relationship to the church: _____

_____

Name of any *other* suspected victim:_____

Age: _____ Gender: _____

Address:_____

_____

Telephone Home *(Include Area Code):* _____

Relationship to the church: _____

_____

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Information Regarding Incident(s) of Suspected Abuse:

How did you become suspicious of possible abuse?

Describe any physical evidence of the suspected abuse:

Describe each incidence of suspected sexual abuse, including the type of abuse, date(s), time(s), and location(s) of suspected abuse:

Name any eyewitness to each suspected abuse incident (additional information regarding witnesses is sought in Question 4, below), and describe how that witness viewed the event: