Episcopal Diocese of San Diego

Confidential: Keep in locked file

Information Regarding Witnesses to Suspected Child Abuse:

Name of witness: _____

Age of witness: _____

Address_____

_____

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

Work: _____

Relationship to the church: _____

_____

Name of any additional witness: _____

Age of witness: _____

Address: _____

_____

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

Work: _____

Relationship to the church: _____

_____

Information Regarding Person(s) to Whom Suspected Abuse was Reported:

Name and title of parish official to whom the abuse initially was reported (for example, Sunday School teacher, Rector, etc)

Address: _____

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

Work: _____

Date that initial report was made: _____

Name and title of the person making the initial report to the parish official:

_____

Address: _____

_____