Appendix S-2

Suggested Diocesan Form for Reporting Suspected Child Sexual Abuse

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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 *Home:* (_____)_____ *Work*: (_____)_____

Title/relationship to the church:_____

Information Regarding Suspected Victim(s):

Name of suspected victim:_____

Age: _____ Gender: _____

Address: _____

_____

Telephone Home: (_____)_____

Relationship to the church: _____

_____

Name of any other suspected victim:_____

Age: _____ Gender: _____

Address:_____

_____

Telephone Home: (_____)_____

Relationship to the church: _____

_____

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Episcopal Diocese of San Diego

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:

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Episcopal Diocese of San Diego

Information Regarding Witnesses to Suspected Child Abuse:

Name of witness: _____

Age of witness: _____

Address_____

_____

Telephone *Home:* (_____)_____ *Work*: (_____)_____

Relationship to the church: _____

_____

Name of any additional witness: _____

Age of witness: _____

Address: _____

_____

Telephone *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 *Home:* (_____)_____ *Work*: (_____)_____

Date that initial report was made: _____

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

_____

Address: _____

_____

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Was the suspected abuse reported to Child Protective Services ("CPS")?

If yes, state the date report was made to CPS: _____

Name and title of person reporting to CPS: _____

Address_____

_____

Telephone *Home:* (_____)_____ *Work*: (_____)_____

Name of CPS worker contacted: _____

CPS contact's telephone: _____

Was the Suspected Abuse Reported to Police?

If yes, the date report was made to police:_____

Name and title of person reporting to police: _____

Address_____

_____

Telephone *Home:* (_____)_____ *Work*: (_____)_____

Police department and contact person: _____

Police contact's telephone: _____

Were parents notified?

If yes, the date parents were notified _____

Name and title of person notifying parents: _____

Address_____

_____

Telephone *Home:* (_____)_____ *Work*: (_____)_____

Parents' names: _____

Parents' Address _____

_____

Telephone *Home:* (_____)_____ *Work*: (_____)_____

Was suspected abuse reported to the diocese via telephone?

If yes, the date report was made to the diocese: _____

Name and title of person reporting to the diocese: _____

Address_____

_____

Telephone *Home:* (_____)_____ *Work*: (_____)_____

Diocese contact person: _____

Diocese contact's telephone: _____

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Is a copy of this completed report being sent to the diocese ?

If yes, state date when report is being sent: _____

Name and title of person sending report to the diocese: _____

Address: _____

_____

Telephone *Home:* (_____)_____ *Work*: (_____)_____

Diocese contact person to whom report is being sent: _____

Any Other Information Which May be Helpful to the Investigation:
Information Regarding Person Completing This Form:

Name and title of person completing this form: _____

Address: _____

_____

Telephone *Home:* (_____)_____ *Work*: (_____)_____

Signature:_____

Date: _____