

DIOCESE OF COLUMBUS
COMPLAINT FORM FOR ALLEGATIONS
OF SEXUAL ABUSE OF A MINOR

This form may be used to present allegations that a Priest, Deacon or Church employee, agent or volunteer has committed an act of sexual abuse of a minor. The completed Form is CONFIDENTIAL and is to be submitted to: Victims Assistance Coordinator, Diocese of Columbus, 198 East Broad Street, Columbus, Ohio 43215, in a sealed envelope clearly marked CONFIDENTIAL This form may also be sent to the secure inbox of the Victims Assistance Coordinator at: helpisavailable@columbuscatholic.org.

IV. INFORMATION AS TO MINOR

Full Name: _____

Address: _____

Date of Birth: _____

Name and Address of Parent(s) or Guardian: _____

Telephone No: _____

Parish: _____

Name of school attending: _____

V. INFORMATION AS TO THE ACCUSED

Name: _____

Position: _____Clergy _____Deacon _____Employee _____Volunteer

Name and Address of place of employment: _____

Has accused been confronted or informed of allegation? _____Yes _____No

If yes, when and by whom: _____

VI. INFORMATION AS TO ALLEGATIONS

Brief description of alleged abuse (time, place and acts): _____

Have the allegations been reported to any civil authorities or Church personnel? _____ Yes _____ No

If yes, when, how and to whom: _____

Date of Report

Signature of Person Reporting

Print Name: _____

Address: _____

Telephone: _____