

**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): \_\_\_\_\_

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

If yes, when, how and to whom: \_\_\_\_\_

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Date of Report

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Signature of Person Reporting

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_