

Report of Alleged Abuse

Missionary Diocese of the South and Ozarks

Use this form to document and report basic facts of alleged abuse. Providing this report is not intended as an investigative act. Complete as much of this form as you can, using additional pages if needed.

About You *(the person completing this form)*

Name _____
Phone _____
Email address _____
Mailing Address _____

Church/Ministry _____
City and State _____

About the Informer

The Informer may be the Victim or someone else with knowledge about the alleged abuse.

Name _____
Relation to Victim *Select all that apply.*
 Victim Family member Church member
 Witness Other: _____

About the Victim

Name _____
Age _____
Connection *Select all that apply.*
 Church member Frequent/occasional visitor
 Unknown to church/ministry leaders
 Other: _____

About the Alleged Abuser

Name _____
Relation to Victim *Select all that apply.*
 Family member Church member
 Other: _____

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Connection

Select all that apply.

- Church member Frequent/occasional visitor
 Unknown to church/ministry leaders
 Other: _____

Date of Last Contact Between Victim and Alleged Abuser

_____ or Unknown

About the Alleged Abuse

Abuse Alleged

Select all that apply.

- Physical abuse Sexual abuse Neglect
 Other: _____

Occurrences

- Once Multiple Uncertain/unknown

Date Began

Date Ended

_____ or Abuse is ongoing

Location of Alleged Abuse *Select all that apply.*

- Church/Ministry Off-site Activity: _____
 Victim's Home Alleged Abuser's Home
 Other: _____

Location Details

*If known, in what specific area at the location did this occur?
(for example, classroom, bedroom)*

About Other Relevant Parties

Other Witnesses

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Other Parties

Anyone who may have been in the vicinity when alleged abuse occurred or who may have personal knowledge of the alleged abuse.

About Reporting to Authorities

Has the Informer or Victim reported this alleged abuse to civil authorities?

Yes No Unknown

To which agencies has the Informer or Victim reported this alleged abuse?

Select all that apply.

State Police Local Police
 Adult Protective Services Child Protective Services
 Other: _____

Have you reported this alleged abuse to civil authorities?

Yes No

To which agencies have you reported?

Agency 1 _____
Person Contacted _____
Date of Contact _____
Notes _____

Agency 2 _____
Person Contacted _____
Date of Contact _____
Notes _____

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Agency 3 _____

Person Contacted _____

Date of Contact _____

Notes _____

Other Significant Details

Submitter

Signature _____

Date Completed _____