

**Report of Allegation of Sexual Abuse of a Minor**

**Diocese of Savannah**

Date and Time of Report: \_\_\_\_\_ Reported by: \_\_\_\_\_

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

Child: \_\_\_\_\_

DOB or Approximate Age: \_\_\_\_\_ Place of Residence: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Suspected Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Was report made to child protection agency/law enforcement? \_\_\_\_\_ Yes \_\_\_\_\_ No

When and to whom was report made? \_\_\_\_\_

Describe incident of suspected child abuse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other helpful information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

/s/ \_\_\_\_\_