

**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: Chancellor, Diocese of Columbus, 198 East Broad Street, Columbus, Ohio 43215, in a sealed envelope clearly marked CONFIDENTIAL.

I. 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: _____

II. 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: _____

III. 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: _____