

## ALLEGATION OF SEXUAL ABUSE FORM

This form is meant to help anyone who wishes to report an incident of abuse by anyone connected to the Diocese of Venice in Florida (clergy, employee or volunteer in any of the parishes, schools or entities supported or run by the Diocese of Venice). You will be contacted by our Victim Assistance Coordinator once your report is received and reviewed.

An allegation of sexual abuse of a minor by anyone must be reported immediately to the Florida Department of Children and Families Child Abuse Hotline - 1-800-96abuse (1-800-962-2873) and/or any Law enforcement agency. If the alleged abuser is a diocesan employee or volunteer, including clergy, also notify Victim Assistance Coordinator at 941-416-6114.

*(Please print. Attach extra pages if needed or write on back of this form. Feel free to add additional comments or information on the back of this form.)*

Your name: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Are you the alleged victim? \_\_\_\_\_

If no, what is your relationship to the alleged victim? \_\_\_\_\_

What is the alleged victim's name? \_\_\_\_\_

How old was the alleged victim at the time of the incident? \_\_\_\_\_

How old is the alleged victim now? \_\_\_\_\_

When did the incident occur? \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

Is the alleged victim willing to be interviewed about this incident? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

If no, why not? \_\_\_\_\_

Is the alleged abuser:

\_\_\_\_ A priest?                      \_\_\_\_ A Catholic school employee?

\_\_\_\_ A deacon?                      \_\_\_\_ Other? (Please specify)

\_\_\_\_ An employee of a parish?

The name of the person being accused is: \_\_\_\_\_

Please call me at the above telephone number or at ( \_\_\_\_\_ )

I, the undersigned, swear to the truth of the above mentioned statement.

Your signature \_\_\_\_\_

Today's date \_\_\_\_\_

Please call the Victims Assistance Coordinator to make this report.

If unable please mail or deliver this form to:      Victim Assistance Coordinator  
1000 Pinebrook Rd.  
Venice, FL 34285  
941-416-6114