

**Form for Reporting Sexual Misconduct with a Minor**

**REPORT OF SEXUAL MISCONDUCT WITH A MINOR**

Name of person making report: \_\_\_\_\_  
Position \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Date of Report \_\_\_\_\_

**Please state the name, address, position and telephone number (if known) of the person suspected or accused of sexual misconduct with a minor.**

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Please state the name, sex, age, address and telephone number of the child who has been or is suspected to be the victim of sexual misconduct or abuse.**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Parents or Legal Guardians Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Please provide a description of the incident of sexual abuse, including the date, time and location of each act of sexual abuse.**

(continue on separate page if necessary)

**Please provide the names, positions, addresses and telephone numbers of all eyewitnesses or others having relevant information.**

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

(continue on separate page if necessary)

**Please provide any additional information bearing on the incident that may be helpful to an investigation.**

**Deliver completed report to any of the following:**

1. Your Parish Priest or the Office of Bishop
2. Victim Assistance Coordinator  
P.O. Box. 980  
Salina, KS 67402-0980