## DIOCESE OF DES MOINES REPORT OF SEXUAL ABUSE

Date				
Intake taken by				
Accused				
Reported by	Victim   Non-victim   □			
Home phone	preferred to call /do not call □			
Work phone	preferred to call□ /do not call□			
Mobile phone	preferred to call □ /do not call □			
Email				
	prefer to use□ / do not use □			
Victim's Name	Relationship to reporter			
Home phone	relationship to reporterpreferred to call \( \sqrt{do not call} \)			
Work phone	preferred to call \( \sqrt{do not call} \)preferred to call \( \sqrt{do not call} \)			
	preferred to call \( \square\) /do not call \( \square\)			
Email				
	prefer to use□ / do not use □			
	Age at the time of alleged abuse			
Dates of alleged abuse _	<del>-</del>			
_				
Please tell us what happ	ened. Be as specific as you can with times, places and			
	ident. Was anyone else present?			
	•			

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How can we help? Plo	ease let us know w	hether there	are any spe	ecific services we	
can provide to you:	ouse for as info w	11001101 011010	are any spe	verific services we	
can provide to you.					
Would you or your fa	anny fixe to meet	with Disnop	Joensen. 1	1100	
Signature of Victim o	r Parent/Guardian		Date		
C					
Is the accused deceased?	Yes□ No □				
Diocesan Intake	Date	By		Notes	
Chancellor informed					
Vicar General informed					
Bishop informed					
Diocesan attorney					
informed					
County Attorney					
informed					
Allegation Review					
Committee Chair					
informed					
Allegation Review					
Committee informed					
Dublic notified		1		I	