

**DIOCESE OF DES MOINES
REPORT OF SEXUAL ABUSE**

VICTIM'S FULL NAME: _____

VICTIM'S DATE OF BIRTH: _____

VICTIM'S ADDRESS: _____

VICTIM'S PHONE NUMBER: _____

PARENT/GUARDIAN'S NAME
(if victim is now under age 18): _____

PARENT/GUARDIAN'S ADDRESS (if different from victim's):

PARENT/GUARDIAN'S PHONE (if different): _____

NAME OF PRIEST OR DEACON INVOLVED: _____

Please tell us what happened. Be as specific as you can with times, places and circumstances of the incident. Was anyone else present? (Use more space if necessary.)

Please let us know whether there are any specific services we can provide to you:

The Diocese of Des Moines must report allegations of sexual abuse to law enforcement and to the department of human services. The Diocese of Des Moines will not disclose your identity to the public, unless you approve. Please tell us whether you want us to use your name publicly:

_____ Yes, you may use my name publicly.

_____ No, you may not disclose my name, except to law enforcement and department of human services.

Signature of Victim or Parent/Guardian

Date