

Report of Allegation of Sexual Abuse of a Minor

DIOCESE OF SAVANNAH

Date and Time of Report: _____ Reported by: _____

Telephone: _____

Child: _____

DOB or Approximate Age: _____ Place of Residence: _____

Parent/Guardian: _____ Telephone: _____

Address: _____

Suspected Person: _____

Relationship to Child: _____

Was report made to child protection agency/law enforcement? _____ Yes _____ No

When and to whom was report made? _____

Describe incident of suspected child abuse: _____

Any other helpful information: _____

/s/ _____