

APPENDIX VI
Diocese of Madison Report Form
Sexual Abuse by Clergy or Church Employees

This report will be shared with the Bishop of Madison and the Diocesan Sexual Abuse Review Board

Today's date: _____

Name of person making this report: _____

Name of abused victim: _____

Name of sexual abuser: _____

Dates of occurrence: _____

Age of victim at time of abuse: _____

Place(s) sexual abuse occurred: _____

Status of abuser at time of occurrence: _____
(Bishop, priest, deacon, teacher, religious education coordinator, parish employee, volunteer etc.)

I would be willing to provide details

- in writing
- telephone interview
- in-person interview

Person sexually abused knows of this report: Yes No

Others who may corroborate this report: _____

How may we contact you (phone, mail, e-mail) _____

For information or to speak to the Diocesan Victims Assistance Coordinator, please call Ms. Cheryl Splinter Bartoszek at 608-821-3162 or e-mail at victimassistance@madisondiocese.org

Please return this form to:
Diocese of Madison
Attn: Cheryl Splinter Batoszek
Victim Assistance Coordinator
702 South High Point Road
Suite 225
Madison, WI 53719

The Diocese of Madison supports the rights of individuals to report abuse directly to the proper public authority.

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