

Report of Sexual Misconduct With a Minor

Diocese of Dodge City

910 Central • P.O. Box 137 • Dodge City, KS 67801 • (620) 227-1500 • FAX (620) 227-1570

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 _____

