



CATHOLIC DIOCESE OF WICHITA

Complaint Form for Allegations of Sexual Abuse of a Minor

This form may be used to present allegations that a Priest, Deacon, or Church employee, agent or volunteer has committed an act of sexual abuse of a minor. The completed Form is CONFIDENTIAL and may be submitted to: Chancellor, Catholic Diocese of Wichita, 424 N. Broadway, Wichita, KS 67202, in a sealed envelope clearly marked CONFIDENTIAL. We promise a compassionate and pastoral response to help in the healing and reconciliation process.

ALLEGED VICTIM			
Name	Address	Home Phone	Work Phone
Date of Birth:	School Information:		
Present Age:			
Gender:			
PARENT/GUARDIAN INFORMATION (IF VICTIM IS NOW UNDER 18)			
Name <input type="checkbox"/> Mother/ <input type="checkbox"/> Father/ <input type="checkbox"/> Other	Address	Home Phone	Work Phone
ALLEGED ABUSER & INCIDENT DETAILS			
Name	Address	Home Phone	Work Phone
Brief description of alleged abuse (time, place, acts, witnesses):			Victim's age at time of incident:
Where did the occurrence take place (include street and city address):			
Have the allegations been reported to any Civil Authorities or any Church personnel? ___ YES / ___ NO If YES, when, how and to whom:			

SIGNATURE OF VICTIM
(IF VICTIM IS PRESENTLY A MINOR,
A PARENT OR LEGAL GUARDIAN MUST SIGN)

DATE