

**REPORT OF SUSPECTED SEXUAL
MISCONDUCT BY DIOCESAN PERSONNEL
WHILE PERFORMING THE WORK OF THE
DIOCESE OF CHARLOTTE**

**TO: Chancellor
Diocese of Charlotte
P.O. Box 36776
Charlotte, NC 28236
(704) 370-6299
Mark envelope "CONFIDENTIAL"**

NOTE: Please DO NOT delay submitting this report even if you cannot fully answer all questions; additional information can be subsequently provided.

PLEASE PRINT (OR TYPE) AND, IF POSSIBLE, USE BLACK INK. THANK YOU.

This report is submitted by:

_____ (Name/Title)

_____ (Address)

_____ (City, State, Zip)

Date of Report:

Person(s) suspected
of misconduct:

_____ (Name/Title)

_____ (Parish or Agency)

Age: _____

Sex: _____

_____ (Address)

_____ (City, State, Zip)

_____ (Telephone)

Suspected Victim(s)
of misconduct:

(Name/Title)

(Parish or Agency)

Age: _____

Sex: _____

(Address)

(City, State, Zip)

Did you make a report to authorities? If so, to what County or Agency did you make the report?

(Name/Title)

(Address)

(City, State, Zip)

Date of Report:

Describe the incident of suspected sexual misconduct, including date, time, and location:

Identify eyewitnesses to the incident, including names, addresses, and telephone numbers where available:

Other information which may be helpful to an investigation:

Please attach additional sheets if necessary.

Revised 7/1/03