

## ARCHDIOCESE OF WASHINGTON

## CHILD PROTECTION AND SAFE ENVIRONMENT

Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782
Mailing Address: P.O. Box 29260, Washington, D.C. 20017
Phone: (301) 858-5828 Fax: (301) 858-7675
Email: Childprotection@adw.org

## **Report of Suspected Child Abuse**

Please submit report via email to: ChildProtection@adw.org or contact our office at: 301-853-5328. (Please print or type using black ink.) Report date: Incident date: **CONTACT INFORMATION:** 1. Person submitting this report: Parish/School/Facility Name: Street Address: Zip Code: City & State: \_\_\_\_\_\_
Daytime Phone: \_\_\_\_\_ E-mail: 2. Person(s) suspected of misconduct: Parish/School/Facility Name: Yes No Sex (circle one): Male Female Date of Birth (m/d/y): \_\_\_\_ Date of Birth (m/d/y): \_\_\_\_\_\_Now deceased? (Circle one) Street Address: City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_ E-mail: \_\_\_\_\_ 3. Suspected victim(s) of misconduct: Name: \_\_\_\_\_ At Time of Incident: \_\_\_\_\_ Sex (circle one): Male Street Address: City & State: \_\_\_ City & State: \_\_\_\_\_\_
Daytime Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: 4. Report to civil authorities: Agency Name: \_\_\_\_\_ County/City: Phone: \_\_\_\_\_ Date of Report: Individual Receiving Report:

## INCIDENT INFORMATION (please provide on a separate sheet of paper, preferably typed)

- Describe the incident of suspected child abuse, including date, time and location.
- Identify eyewitnesses to the incident, including names, addresses and telephone numbers, when available.
- Provide other information that may be helpful to an investigation.