

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 abuser: _____

Name of person abused: _____

Dates of occurrence: _____

Age of victim at time of abuse: _____

Place(s) abuse occurred: _____

Position of abuser at time of occurrence: _____

(Bishop, priest, deacon, teacher, religious education coordinator, parish employee, etc.)

I would be willing to provide details

_____ in writing

_____ telephone interview

_____ in-person interview

Person 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 our Diocesan Assistance Coordinator, please call Kevin Phefan at 608-821-3162 or e-mail at pastoral@straphael.org.

Please return this form to:
Diocese of Madison
PO Box 44983
Madison, WI 53744-4983

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