

Diocese of San Bernardino

REPORT OF SEXUAL ABUSE OF A MINOR

All reports are held in strictest confidence.

You may make a report of sexual abuse of a minor by a priest, deacon, Church or school employee, volunteer or independent contractor as follow:

By Phone: Call Toll Free 1-888-206-9090 or (909) 855-2296 (Calls will be returned promptly by Sr. Rosaline O'Connor, Diocesan Victim Assistance Coordinator.)

By Email: roconnor@sbdiocese.org, Victim Assistance Coordinator or
glopez@sbdiocese.org, Vicar General

In Person: To the Victim Assistance Coordinator or Vicar General
1201 East Highland Ave. San Bernardino (Please call 909-855-2296 for an appointment.)

By Mail: Complete and mail this form to: Sr. Rosaline O'Connor,
Victim Assistance Coordinator
Diocese of San Bernardino
1201 East Highland Avenue
San Bernardino CA 92404

**If you prefer to be contacted by a person NOT employed by the Church
Please check here: ___ or tell us when you call or write.**

**CIVIL AUTHORITIES:
COMPLETING THIS FORM DOES NOT TAKE THE PLACE OF REPORTING TO THE
CIVIL AUTHORITIES**

To contact Child Protective Services call one of the following numbers:

✓ San Bernardino County 1-800-827-8724 or

✓ Riverside County 1-800-442-4918

**To contact your local Police Department see the numbers listed on the first page of your
Phone Book or ask the Information Operator for the number for the police in the city where you live.**

If you are a victim of sexual abuse by a priest, deacon, bishop, Church or school employee, volunteer or
independent contractor, please furnish the following information as best you can

(Be sure to complete both sides of this form)

Your Full Name: _____

Your Date of Birth: _____

Your Address: _____

Your Phone Number/s: (____) _____ or (____) _____

Name of the priest, deacon, employee or other person who sexually abused you: _____

If you know, where is this person now? _____

Please complete page 2.

Please tell us briefly what happened. Be as specific as you can with times, places and circumstances of the incidents. How old were you when the incidents happened? _____

Please let us know whether there are any specific services we can provide for you:

What is the best way and time to contact you? _____

Have you notified Law Enforcement or Child Protective Services? ? _____ Yes _____ No

If "No" would you like us to make those contacts for you? _____ Yes _____ No

Is there anything else you want us to know? _____

If the victim is now under the age of 18 please provide the following information:

Parent/Guardian's Name: _____

Parent/Guardian's Address (if different from victims): _____

Parent/Guardian's Phone (if different from victim's :) _____

Signature of Victim or Parent/Guardian

Date

The Diocese of San Bernardino treats all reports confidentially, however, we must report allegations of sexual abuse of minors to law enforcement and to Child Protective Services

A printable version of this form is available on the diocesan web site at - www.sbdioocese.org

<i>For Office Use Only:</i>	
Report received: (Date) _____	At (Time) _____
Follow up Contact By: _____	On (Date) _____
Unless otherwise requested, please make every effort to contact the Victim or Parent/Guardian within 24 hours of receiving this report.	