

ALLEGATION OF SEXUAL ABUSE FORM

This form is meant to help anyone who wishes to report an incident of abuse by anyone connected to the Diocese of Venice in Florida (clergy, employee or volunteer in any of the parishes, schools or entities supported or run by the Diocese of Venice). All information that you submit will be given to the Bishop and the Diocesan Review Board. It may have to be given to the local police. You will be contacted by our Victim Assistance Coordinator once your report is received and reviewed.

An allegation of sexual abuse of a minor by anyone should be reported immediately to the Florida Department of Children and Families Child Abuse Hotline - 1-800-96abuse (1-800-962-2873) and/or any Law enforcement agency. If the alleged abuser is a diocesan employee or volunteer, including clergy, also notify Victim Assistance Coordinator, Barbara DiCocco at 941-416-6114.

(Please print. Attach extra pages if needed or write on back of this form. Feel free to add additional comments or information on the back of this form.)

Your name: _____

Address: _____

City, State, and Zip Code: _____

Home telephone number: _____

Are you the alleged victim? _____

If no, what is your relationship to the alleged victim? _____

What is the alleged victim's name? _____

How old was the alleged victim at the time of the incident? _____

How old is the alleged victim now? _____

When did the incident occur? _____

Where did the incident occur? _____

Is the alleged victim willing to be interviewed about this incident? _____

If yes, when and where? _____

If no, why not? _____

Is the alleged abuser:

____ A priest? ____ A Catholic school employee?

____ A deacon? ____ Other? (Please specify)

____ An employee of a parish?

The name of the person being accused is: _____

I prefer to tell the name of the alleged abuser to:

____ The Bishop

____ A member of the Review Board (specify male or female if desired).

____ Please call me at the above telephone number or at (_____)

I, the undersigned, swear to the truth of the above mentioned statement.

Your signature _____

Today's date _____

Please mail or deliver this form to:

Barbara DiCocco
Victim Assistance Coordinator
1000 Pinebrook Road
Venice FL 34285
941-416-6114