

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 sexual abuser: _____

Dates of occurrence: _____

Age of victim at time of sexual abuse: _____

Place(s) sexual abuse occurred: _____

Position of sexual 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 sexually 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 the Diocesan Assistance Coordinator, please call
Mr. Phelan at 608-821-3162.

Please return this form to:

Kevin Phelan

Victim Assistance Coordinator

Diocese of Madison

PO Box 44983

Madison, WI 53744-4983