

**INDIANA  
NOTIFICATION OF REPORT  
TO CIVIL AUTHORITIES  
OF SUSPECTED CHILD ABUSE OR NEGLECT**

**This form is to be completed IF you have reason to believe that a child is a victim of child abuse or neglect. If so, you have an obligation to call the State Hotline and make a Report, then complete this form and follow its instructions.**

*Complete this form and provide to the Chaplain of St. Joseph's Oratory IMMEDIATELY.*

On \_\_\_\_\_, at \_\_\_\_\_ o'clock, I made an oral or written report of suspected child abuse or neglect to Indiana Civil Authorities. I made this report to:

\_\_\_\_ Indiana Department of Child Protective Services

By means of:

\_\_\_\_ a phone call to the Hotline (1.800.800.5556)

\_\_\_\_ another method (please specify) \_\_\_\_\_

\_\_\_\_ Local Law Enforcement

By means of (specify means of communication and people contacted):

\_\_\_\_\_

On \_\_\_\_\_, at \_\_\_\_\_ o'clock, I notified the Institute's Provincial Superior (in Chicago) that I had made a report of suspected child abuse or neglect. I notified the Institute's Provincial Superior by means of (specify means of communication and people contacted):

\_\_\_\_\_

**IF your report involved suspected *sexual* abuse of a minor, complete the following section:**

On \_\_\_\_\_ at \_\_\_\_\_ o'clock, I reported this complaint to the Bishop's Delegate for Sexual Misconduct Cases by the following means:

\_\_\_\_\_

**On the back of this page (or attached), describe the details of your report, including the circumstance, names, date and place of alleged incident(s).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date