

APPENDIX 4
REPORT FOR CHILD PROTECTION
Catholic Diocese of Cleveland

Date of report _____ Person making report _____

Address of person making report _____

Relationship of Reporting Party to Child _____ Telephone number _____

CHILD

Name _____ Date of birth _____ Male _____ Female _____

Address _____

Child's Parents/Guardian: _____ Telephone: _____

Address: _____

Is (are) the parents or guardian aware of the allegation? _____

Where is the child now? _____

SUSPECTED PERPETRATOR

Name _____ Age (or approximate) _____

Address: _____

Relationship to child: _____ Where is the alleged perpetrator now? _____

Is the alleged perpetrator aware of the allegation(s)? _____

Does the accused have current access to the child or other children? _____

PUBLIC CHILDREN’S SERVICE AGENCY TO WHICH REPORT WAS MADE

- | | |
|---|--|
| _____ Ashland County Dept. of Job and Family Services
419-282-5001
419-282-5002 | _____ Lorain County Children Services
440-329-5340 |
| _____ Cuyahoga County Dept. of Children and Family Services
216-696- 5437 (KIDS) | _____ Medina County Job & Family Serv.
800-783-5070 |
| _____ Geauga County Dept. of Job and Family Services
440-285-9141
440-285-9142 | _____ Summit County Children Services
440-379-1880 |
| _____ Lake County Dept. of Job and Family Services
440-350-4000
440-350-4001 | _____ Wayne County Children Services
330-345-5340 |

Was report made to law enforcement (police or sheriff)? _____ yes _____ no

If yes, name person or department to whom reported: _____

REASON FOR REPORT Describe the alleged sexual abuse, when and where the alleged sexual abuse occurred, and the circumstances surrounding the abuse.

Was any electronic communication or media device involved? _____ If so, what? _____

Is the device mobile? _____ Has it been secured? _____ Where? _____

User Name: _____ Password: _____

User Name: _____ Password: _____