

Evaluation Cover Sheet

Case No: 2017- _____

This document contains **CONFIDENTIAL** information.

Section A. Parts 1 through 4 To be completed upon receipt of a report of sexual abuse against a minor.

Section A. Part 1. Report to Child Protective Services by: _____ on: _____
(Name) (Date)

Section A. Part 2. Victim Information

Name of alleged Victim: _____

Name of person submitting allegations (if different from Victim): _____

Note: Also, complete Section A. Part 4. "Reporter's Information" on page 2 of this document.

Age of Victim at time of incident: _____

Date of the Incident: _____

Place of the Incident: _____

Victim Contact Information:

Phone - Home: _____ Cell: _____

e-Mail: _____

Address: _____

Are there concerns for Victim's Safety? Y / N

Was there Police Involvement? Y/N

If So, Police Report No. _____

Nature of Incident – In Victim's Words (or words of person making the report if other than the Victim):

Section A. Part 3. Accused Information

Name of Accused: _____

Age of Accused at time of alleged incident: _____

Status of the Accused at time of alleged incident (Bishop, Priest, Deacon, Seminarian, Teacher, Staff, Employee, Volunteer, or "other." If "other" please describe.): _____

Current Status of Accused: _____

Parish / Place of Assignment, employment, or volunteering at time of alleged incident:

Current Place of Assignment, employment, or volunteering: _____

Accused Contact information:

Phone – Home: _____ - Cell: _____ e-

Mail: _____

Address: _____

Was the Accused in a Position of Authority, Influence, or Responsibility over the Victim at the time of alleged incident? Y / N

If Yes, please describe: _____

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Section A. Part 4. To be completed if person reporting the allegation is other than the victim.

Information for Person Submitting Report (if other than the victim):

Name: _____ -

Contact information:

Phone-- Home: _____ Cell: _____

e-Mail: _____

Address: _____

Source of Information regarding allegation:

Personal Observation: Y / N

Report from Victim: Y / N

Other: Please Explain: _____

Section B. Summary, Analysis, and Conclusions

To be completed as part of final report. Use continuation sheets as needed.

Section C. Index of Attached Documents

Attach copies of all relevant documents such as statements of victim, accused and witnesses; pictures; report to CPS; police reports; medical records; continuation sheets; etc.

1.

2.

3.

4.

etc.

Open ___ as of _____ Closed ___ Date Closed: _____

Archdiocese Sexual Abuse Response Coordinator Signature / Date _____