

Brief description of alleged abuse (Time, Place and Acts):

[illegible]

_____ Yes _____ No

Date

_____ Yes _____ No

Date

Date _____

Signature of person reporting

Printed Name

Address

City, State, Zip

Telephone

Email Address



Diocese of Wheeling-Charleston
PO Box 230
Wheeling, WV 26003

1-888-434-6237



Diocese
Of
Wheeling-Charleston

Complaint Form for Allegations of Sexual Abuse of a Minor

This form may be used to present allegations that a Priest, Deacon or others who minister, work or volunteer for the Diocese of Wheeling - Charleston have committed an act of sexual abuse of a minor. The completed form is **confidential** and is to be submitted in an envelope marked **CONFIDENTIAL** to:

Office of Safe Environment
Diocese of Wheeling-Charleston
P.O. Box 230
Wheeling, WV 26003

For more information you may contact the Diocese at:
1-888-434-6237 or 304.230.1504

Or visit our Website at:
www.dwc.org

Click on Diocese, then Offices, then Safe Environment.

Information as to Minor

Name

Address

City, State, Zip

Telephone

Date of Birth

Name of Parent or Guardian

Telephone Number of Parent/Guardian

Information as to Accused

Name

____Clergy ____Employee ____Volunteer

Parish or Place of Employment

Has accused been confronted or informed of the allegations?

_____ Yes _____ No

If yes, when and by whom?

Date

Person