

ABUSE REPORT FORM: DIOCESE OF OWENSBORO
CONFIDENTIAL: Suspected Abuse/Neglect/Exploitation/or Harassment Reporting Form

Any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall **immediately** cause an oral or written report to be made to (A) a local law enforcement agency or (B) the Department of Kentucky State Police; (C) the cabinet or its designated representative; or (D) the Commonwealth's attorney or the county attorney; by telephone or otherwise.

School personnel or other persons listed in KRS 620.030(2) **do not** have the authority to conduct internal investigations in lieu of the official investigations.

Type Report: ___ Minor ___ Adults Incident Date(s): _____

County of Report _____ Report Date: _____

1. Information about Person(s) Being Abused:

	<u>Name(s)</u> -Please print.	<u>Age</u>	<u>Sex</u>	<u>Nature of Report</u> (See Categories below.)
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

Categories: **(Please assign as many numbers as apply to the Nature of Report above)**

- | | |
|--------------------|----------------------|
| 1. Physical Injury | 5. Self-Neglect |
| 2. Sexual Abuse | 6. Caretaker Neglect |
| 3. Mental Injury | 7. Exploitation |
| 4. Neglect | 8. Harassment |

Address _____
Street/Rural Route City/Zip County Telephone Number

Parent(s)/Guardian(s) _____ Relationship _____

Other Household Members _____

2. Describe nature/extent/causes of abuse/neglect/exploitation or harassment. List witnesses and/or collateral contacts, previous incidents or reports. Describe behavior of alleged perpetrator (dangerous?).

(OVER)

ABUSE REPORT FORM: DIOCESE OF OWENSBORO (Continued)

3. Alleged Perpetrator (if different from parent(s)/guardian above):

Name _____ Relationship _____

Address _____
Street/Rural Route City/Zip County Telephone Number

4. Does this person have contact with minors as a _____ volunteer or _____ paid employee of the parish or diocese? ____ Yes ____ No
If yes, give name of parish _____

5. Action Taken, Including Those Required by Kentucky Law—KRS 620.030 (check all that apply):

_____ Called Kentucky Abuse Hotline (1-800-752-6200)

_____ Reported to Local Police

_____ Reported to local Human Services

_____ Reported to Pastor/Parish Administrator—List name _____

_____ Other - Explain _____

6. Please include any other information that you feel is pertinent to this report not already mentioned above.

7. Person filing report (report will be held in confidence, **subject to KRS 620.030, Duty to report dependency, neglect or abuse**):

Name _____ Date _____

Mail to: Office of the Bishop
600 Locust Street
Owensboro, KY 42301

Revised July 2008