

**Department of Human Services
750 North State Street
Jackson, Mississippi, 39202**

Sample form for reporting Suspected Child Abuse by diocesan or parish personnel while performing their ministry of the Jackson Diocese.

Please print (or type) and if possible use black ink.

1 This report is being submitted by:
Name: _____
Address _____
City: _____ State: _____ Zip: _____
Phone: _____

2 Date of Report: _____
3 Person(s) suspected of abuse
Name: _____
Title: _____
Parish: _____
Age if known: _____ Sex: Male _____ Female _____
Address: _____
City _____
State: _____ Zip: _____
Phone: _____

4 Suspected victim(s) of abuse
Name: _____
Parents name (if under 18): _____
Address: _____
Parish or agency: _____
Age of victim: _____ Sex: Male _____ Female _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____
Date of report made to Department of Human Services: _____

5 Describe incident of suspected child abuse, including date, time, location:

6 Identify eyewitnesses to the incident, including names, addresses and phone numbers, if available:

7 Medical treatment or counsel sought:

Where: _____

When: _____

8 Other information which may be helpful to the investigation.

Please mail the completed form to the Department of Human Services at the address given above

*** If the alleged perpetrator is a diocesan or parish employee please send a copy of this report to the Chancellor, Catholic Diocese of Jackson, P. O. Box 2248, Jackson, MS. 39225**
