

**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:**

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**7 Medical treatment or counsel sought:**

**Where:** \_\_\_\_\_

**When:** \_\_\_\_\_

**8 Other information which may be helpful to the investigation.**

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**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**

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