

**REPORT OF SUSPECTED SEXUAL ABUSE OF A MINOR BY PERSONNEL OF THE
PRELATURE OF OPUS DEI IN THE UNITED STATES**

It is not necessary to have all the information requested before reporting the incident.

1) This report is being submitted by:

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

2) Person suspected of abuse:

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Age: _____ Sex: Male _____ Female _____

3) Suspected victim:

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Age: _____ Sex: Male _____ Female _____ Age at time of alleged abuse: _____

4) Contact information of victim's parents/guardians if victim still a minor:

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

5) Name and contact information of eyewitness to the alleged abuse (use another sheet if needed):

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____ Email: _____

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____ Email: _____

6) Name and contact information of any individuals to whom the incident was reported (use another sheet if needed):

Name (and title): _____ Phone: _____
Name (and title): _____ Phone: _____
Name (and title): _____ Phone: _____

7) On a separate sheet of paper, please type or print neatly with ink a description of the alleged sexual abuse, including the following information:

- the nature of the alleged act(s)
- date(s) and time(s) when the alleged act(s) occurred
- the location(s)/address(es) where the alleged act(s) took place
- any other information you deem important

Please sign your name to the description and staple it to this sheet.

Signature of Person Reporting Alleged Abuse: _____

Date: _____