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Missionhurst-CICM encourages all victims of sexual abuse of a minor to report the abuse to the Police and Child Protective Services. The Police may be reached by calling 911 for an emergency, or the non-emergency number of the jurisdiction in which the abuse occurred.

The telephone number for the Child Protective Services toll-free 24-hour hotline is (800) 552-7096 if you are calling from within Virginia, and (804) 786-8536 for out-of-state callers.

If there is an allegation of sexual abuse of a minor by a member (Superior, priests, deacons or seminarians), employee or volunteer of Missionhurst-CICM, please use this form for reporting the abuse to the Victim Assistance Coordinator, 4651 25th Street N, Arlington, Virginia 22207. Please mark the envelope CONFIDENTIAL.

Under the Charter of Protection of Minors and the *Standards for Accreditation* of the members of the United States Conference of Major Superiors of Men (CMSM) each Man Religious Order has appointed a Victim Assistance Coordinator to help victims of sexual abuse and their families with healing and reconciliation. The number to call is (571) 982-5902. You can also send an e-mail at vacmhurst@gmail.com.

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MISSIONHURST-CICM

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COMPLAINT FORM FOR

ALLEGATIONS OF

SEXUAL ABUSE OF A MINOR

BY A MEMBER, EMPLOYEE

OR VOLUNTEER



Upon completion of this form,
please mark the envelope

CONFIDENTIAL

and mail to

VICTIM ASSISTANCE COORDINATOR
Missionhurst-CICM
4651 25th St N.
ARLINGTON, VIRGINIA 22207
(703) 528-3800

**MISSIONHURST-CICM
COMPLAINT FORM FOR ALLEGATION
OF SEXUAL ABUSE OF A MINOR (or ADULT)**

This form may be used to present an allegation that a member (Superior, priest, deacon or seminarian) or an employee or volunteer of Missionhurst-CICM has committed an act of sexual abuse of a minor. The completed form is to be submitted to: **Victim Assistance Coordinator, 4651 25th Street N, Arlington, VA 22207**, in a sealed envelope clearly marked **CONFIDENTIAL**. It is understood and agreed that, in addition to the Victim Assistance Coordinator, this information may be shared with Provincial Superior, and the respective Bishops and Diocesan Officials where the sexual abuse occurred. In addition, any allegation of a violation of criminal law relating to abuse or neglect of a minor will be reported by the Missionhurst-CICM to the appropriate civil authorities pursuant to state law and Missionhurst-CICM policy.

The Victim Assistance Coordinator will contact you after your form is received.

I. INFORMATION AS TO THE VICTIM:

Full name: _____

Address: _____

Date of Birth: _____ Sex: Male Female

Name and address of parent(s) or guardian(s) (if victim is a minor):

Telephone (day): _____ Telephone (evening): _____

Parish: _____

Name of parish (if victim is a minor): _____

II. INFORMATION AS TO THE PERSON ACCUSED:

Name: _____

Parish/Place of Employment: _____ Has
the accused been confronted or informed of the allegation? Yes No

If yes, when and by whom: _____

III. INFORMATION AS TO ALLEGED ABUSE OR MISCONDUCT:

Brief description of alleged abuse (time, place and acts):

Has the allegation been reported to any civil authorities or Church personnel? Yes No

If yes, when, how, and to whom? _____

Are you willing to cooperate with an investigation by civil authorities? Yes No

Date of Report

Signature of Person Reporting

Print Name: _____

Address: _____

Telephone (day): _____ Telephone (evening): _____