
The Diocese of Arlington 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. Telephone numbers for Child Protective Services in each county or city are available in the phone directory or in the Catholic Diocese of Arlington Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse in the diocesan web site at www.arlingtondiocese.org

If there is an allegation of sexual abuse of a minor by a cleric (bishop, priest or deacon), employee or volunteer of the Diocese of Arlington, please use the enclosed form for reporting the abuse to the Victim Assistance Coordinator, 200 N. Glebe Road, Suite 914, Arlington, Virginia 22203. Please mark the envelope CONFIDENTIAL.

Under the Charter for the Protection of Children and Young People, each diocese is to have a Victim Assistance Coordinator to help victims of sexual abuse and their families with healing and reconciliation. The VAC for the Diocese of Arlington is Patricia Mudd, ACSW. Her confidential phone number is 703-841-2530.



DIOCESE OF ARLINGTON

COMPLAINT FORM FOR

ALLEGATIONS OF

SEXUAL ABUSE OF A MINOR

BY A CLERIC, EMPLOYEE OR

VOLUNTEER



Upon completion of the enclosed form, please mark the envelope

CONFIDENTIAL

and mail to

VICTIM ASSISTANCE COORDINATOR
200 N. GLEBE ROAD, SUITE 914
ARLINGTON, VIRGINIA 22203
(703)-841-2530

DIOCESE OF ARLINGTON
COMPLAINT FORM FOR ALLEGATIONS OF
SEXUAL ABUSE OF A MINOR

This form may be used to present an allegation that a cleric (bishop, priest, deacon) has committed an act of sexual abuse of a minor. The completed form is CONFIDENTIAL and is to be submitted to: the Victim Assistance Coordinator; 200 N. Glebe Road, Suite 914, Arlington, Virginia 22203, 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 the Bishop, Moderator of the Curia and Director of the Office of Child Protection and Safety of the Diocese of Arlington. The Victim Assistance Coordinator will contact you after your form is received.

I. INFORMATION AS TO THE COMPLAINANT

Full name: _____

Address: _____

Date of Birth: _____

Name and address of Parent(s) or Guardian (if complainant is a minor): _____

Telephone No: _____

Parish: _____

Name of school attending (if complainant is a minor): _____

II. INFORMATION AS TO ACCUSED

Name: _____

Parish/Place of Employment: _____

Has the accused been confronted or informed of the allegation? _____ Yes _____ No

If yes, when and by whom: _____

INFORMATION AS TO ALLEGATIONS

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

Have the allegations been reported to any civil authorities or Church Personnel? _____ Yes _____ No

If yes, when, how and to whom: _____

Date of Report

Signature of Person Reporting

Print Name: _____

Address: _____

Telephone: _____