

**ABUSE REPORT FORM: DIOCESE OF OWENSBORO**  
**CONFIDENTIAL: Suspected Abuse/Neglect/Exploitation/or Harassment Reporting Form**

Any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall **immediately** cause an oral or written report to be made to (A) a local law enforcement agency or (B) the Department of Kentucky State Police; (C) the cabinet or its designated representative; or (D) the Commonwealth's attorney or the county attorney; by telephone or otherwise.

School personnel or other persons listed in KRS 620.030(2) **do not** have the authority to conduct internal investigations in lieu of the official investigations.

Type Report: \_\_\_ Minor \_\_\_ Adults Incident Date(s): \_\_\_\_\_

County of Report \_\_\_\_\_ Report Date: \_\_\_\_\_

1. Information about Person(s) Being Abused:

<u>Name(s)</u> -Please print.	<u>Age</u>	<u>Sex</u>	<u>Nature of Report</u> (See Categories below.)
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

Categories: **(Please assign as many numbers as apply to the Nature of Report above)**

- |                    |                      |
|--------------------|----------------------|
| 1. Physical Injury | 5. Self-Neglect      |
| 2. Sexual Abuse    | 6. Caretaker Neglect |
| 3. Mental Injury   | 7. Exploitation      |
| 4. Neglect         | 8. Harassment        |

Address \_\_\_\_\_  
Street/Rural Route City/Zip County Telephone Number

Parent(s)/Guardian(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Other Household Members \_\_\_\_\_

2. Describe nature/extent/causes of abuse/neglect/exploitation or harassment. List witnesses and/or collateral contacts, previous incidents or reports. Describe behavior of alleged perpetrator (dangerous?).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(OVER)**

**Revised August 2010**

**ABUSE REPORT FORM: DIOCESE OF OWENSBORO** (Continued)

**CONFIDENTIAL: Suspected Abuse/Neglect/Exploitation/or Harassment Reporting Form-cont'd.**

3. Alleged Perpetrator (if different from parent(s)/guardian above):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street/Rural Route City/Zip County Telephone Number

4. Does this person have contact with minors as a \_\_\_\_\_ volunteer or \_\_\_\_\_ paid employee of the parish/school/diocese? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give name of parish or school, etc. \_\_\_\_\_

5. Action Taken, Including Those Required by Kentucky Law—KRS 620.030 (check all that apply):

\_\_\_\_\_ Called Kentucky Abuse Hotline (1-800-752-6200)

\_\_\_\_\_ Reported to Local Police

\_\_\_\_\_ Reported to local Human Services

\_\_\_\_\_ Reported to Pastor/Principal/Parish Administrator—List name \_\_\_\_\_

\_\_\_\_\_ Other - Explain \_\_\_\_\_

6. Please include any other information that you feel is pertinent to this report not already mentioned above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Person filing report (report will be held in confidence, **subject to KRS 620.030, Duty to report dependency, neglect or abuse**):

Name \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Office of the Bishop  
600 Locust Street  
Owensboro, KY 42301