

Complaints Notification (Item# 8.3.1)

St. Thomas Syro-Malabar Catholic Diocese of Chicago
Commission on Protection of Children and Youth

Preliminary (Intake) Report

Date of Report: (dd/mm/yyyy) : _____

Mode of Reporting: (Circle appropriate) in person / Phone / e-mail / Ans. Machine / Internet /
Soc. media

Location receiving report: _____

Person reporting: Name _____ Age ____ Sex: M/F MS: M/S

Victim Information: Name _____ Age ____ Sex : /F MS: M/S

Relationship with the victim: _____

Parish/Institution where the incident/s occurred: _____

Perpetrator: Name _____

Job title in the Church: Priest / Employee / Volunteer / teacher / visitor / other

Current assignment if known: _____

Incident/s: (Date/dates/period/year) _____

Location/s:

Description of the incident/s:

Remedy Requested:

Name and Title of the recorder: _____

Date notified:

The Bishop : _____ VG: _____ Commission _____

Accused : _____ Victim (parent, if minor) : _____

(A detailed written report will be made and submitted to the commission within 30 days by the person/s authorized to investigate the complaint)

Action Taken (if appropriate to protect the victim, accused and the community): (Explain)

Contacted the victim?:

Contacted the accused?:

Contacted the witnesses?:

Contacted the parish priest (if applicable)?:

Contacted the prefect of priests/superior?:

Provided assistance to the victim (if applicable)?:

Provided assistance to the accused (if applicable)? :

Provided support to the community (if applicable)?:

Referred to the Commission for further action? If NO, Explain why?:

Date Submitted: (dd/mm/yyyy): _____