

ARCHDIOCESE OF NEW ORLEANS

**COMPLAINT FORM FOR ALLEGATION OF SEXUAL ABUSE OF A MINOR OR
AN ADULT BY CLERGY, MEMBER OF A RELIGIOUS CONGREGATION OR A
LAY EMPLOYEE OR VOLUNTEER OF THE ARCHDIOCESE OF NEW
ORLEANS**

If you are a survivor of sexual abuse or have reason to believe another minor or adult has been sexually abused, please call 911 or your local law enforcement to make a report.

This form may be used to present an allegation that a cleric (bishop, priest, or deacon), member of a religious congregation or an lay employee or volunteer of the Archdiocese of New Orleans including its affiliated parishes, schools, and ministries has committed an act of sexual abuse of a minor or an adult.

This completed form can delivered in a sealed envelope addressed to Office of Child and Youth Protection, Archdiocese of New Orleans, 7887 Walmsley Avenue, New Orleans, Louisiana 70125 or emailed to YPE@archdiocese-no.org. After your form is received, you will be contacted as follows:

For Allegation of Child Abuse Committed By:	You Will be Contacted By:
Clergy	Victim's Assistance Office
Member of Religious Congregation	The Safe Environment Office
Lay Employee	
Volunteer	
For Allegation of Adult Abuse Committed By:	You Will be Contacted By:
Clergy	Office of the Vicar of Clergy
Member of Religious Congregation	
Lay Employee	Human Resources Department
Volunteer	

It is understood that allegations relating to abuse or neglect of a minor by a living person and criminal acts of sexual abuse of an adult by a living person will be reported by the Archdiocese of New Orleans to the appropriate civil authorities pursuant to state law and archdiocesan policy. This information will be shared with the Youth Protection Executive (YPE) along with the Archbishop and other officials as required.

I. INFORMATION AS TO THE SURVIVOR OF SUSPECTED ABUSE

☐ Check here if you are self-reporting as the survivor.

Full Name: (include maiden name if applicable) _____

Address: _____

Telephone (Daytime): _____ (Evening): _____

Email Address: _____

Date of Birth (Month/Day/Year): _____ Sex: _____

Age at Time of Suspected Abuse: _____

Date of Suspected Abuse (Include Month(s)/Year(s) or other information:

II. INFORMATION OF PERSON REPORTING (if other than survivor self-reporting)

Name: _____

Relationship to survivor: _____

Date: _____ Best Contact Phone Number: _____

Email Address: _____

III. INFORMATION AS TO THE PERSON ACCUSED

Name: _____

Parish/Place of Employment or Volunteer: _____

Position: _____

Relationship to the Survivor:

Has the accused been confronted or informed of the allegation? (select one) ____ Yes ____ No

If yes, when and by whom:

IV. INFORMATION AS TO ALLEGATION

Location (Including Place, Civil Parish or City where abuse occurred):

Description of Alleged Abuse:

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

If yes, when, how, and to whom:

Name and contact information of any person(s) who may have knowledge of the allegation:

Please submit this form via email to YPE@archdiocese-no.org