

Complaint Form for Allegations of Sexual Abuse of a Minor

This form may be used to present allegations that SSPX Personnel* has committed an act of sexual abuse of a minor. The completed form is CONFIDENTIAL and may be submitted to: Abuse Prevention Advocate, Society of Saint Pius X, 11485 N. Farley Road, Platte City, MO 64079, in a sealed envelope clearly marked CONFIDENTIAL. We promise a compassionate and pastoral response to help in the healing and reconciliation process.

ALLEGED VICTIM				
Name:				
Address:				
Home Phone:	Work Phone:	Date of Birth:	Present Age:	Gender:
School Information:				
PARENT/GUARDIAN INFORMATION (IF VICTIM IS NOW UNDER 18)				
Name: <input type="checkbox"/> Mother/ <input type="checkbox"/> Father/ <input type="checkbox"/> Other				
Address:				
Home Phone:				
Work Phone:				
ALLEGED ABUSER & INCIDENT DETAILS				
Name:				
Address:				
Home Phone:				
Work Phone:				
Brief description of alleged abuse (time, place, acts, witnesses):				

* "SSPX Personnel" includes all members of the SSPX (including priests, brothers and oblate sisters), all religious or laity employed by the SSPX USA, and all seminarians of St. Thomas Aquinas Seminary.

ALLEGED ABUSER & INCIDENT DETAILS (CONTINUED)

Victim's age at time of incident:

Where did the occurrence take place (include street and city address):

Have the allegations been reported to any Civil Authorities or any Church personnel? ___ YES / ___ NO
If YES, when, how and to whom:

REPORTER CONTACT

Name:

E-mail:

Phone:

SIGNATURE

DATE