



**DIOCESE OF SALT LAKE CITY  
OFFICE OF SAFE ENVIRONMENT**

**ALLEGATION INTAKE FORM**

Date Received Allegation: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Name of Individual Reporting Alleged Abuse: \_\_\_\_\_

Relationship to Alleged Victim: \_\_\_\_\_

Contact Information of Individual Reporting Alleged Abuse:

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Alleged Victim Name: \_\_\_\_\_ Gender: M / F

Current Age of Alleged Victim: \_\_\_\_\_

Contact Information of Alleged Victim:

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Is the Alleged Victim still alive? Yes \_\_\_ No \_\_\_

Name of Alleged Abuser: \_\_\_\_\_

Approximate Date(s) of Alleged Abuse: \_\_\_\_\_

Location Where Alleged Abuse Occurred: \_\_\_\_\_

Summary of Allegation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Reported to Law Enforcement or DCFS: \_\_\_\_\_ Case No.: \_\_\_\_\_

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**Advise:**

Explain reporting requirements: Yes \_\_\_ No \_\_\_

Offer of outreach to survivor and family (counseling, spiritual assistance, other): Yes \_\_\_ No \_\_\_

Offer to provide counseling for survivor/family: Yes \_\_\_ No \_\_\_

Offer to arrange meeting with either Bishop or Vicar General: Yes \_\_\_ No \_\_\_

If accepted, date of scheduled meeting: \_\_\_\_\_