

The completed report should be submitted to the following:

- Rev. Msgr. E. James Hart, Chancellor and Moderator of the Curia, 817.560.3300
- Pastor of the local Catholic parish; or in the case of a Catholic school, the principal of the school and the Superintendent of Catholic Schools
- Sandra Schrader-Farry, Director of Safe Environment, 817-945-9334 SSchrader@fwdioc.org The Catholic Center, Diocese of Fort Worth, 800 West Loop 820 South, Fort Worth, TX 76108

This form may also be found and can be submitted online at: https://form.iotform.com/201336345444147

Confidential Notice of Concern*

This Notice is used to report actual or suspected child sexual abuse, physical abuse, neglect, bullying, harassment, etc. It is not meant to be used for general complaints about someone's philosophies, mindset or general attitude. If your concern is not regarding one of the specified categories, please direct your concern to your parish, school, the Chancery or the appropriate office.

Type	of	Con	cern:

□ Neglect □ Bullying □ Harassment □ Threats
ng □ Other (please be specific):
e victim.
Male/Female: Date of birth or Age:
Grade: Relationship of victim to abuser:
ble for harm:
Place of incident/abuse:
use: Use additional pages if necessary.
oserved, describe as factually as possible. If based on victim's where possible to relate what happened)? Ints aware of the concern? Juises, injuries, etc.)?
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Did you take any action or speak with th	e victim about what happened?
•	s involving the victim or the alleged perpetrator? No Yes
Was the past incident(s) reported to auth	norities?
Are you aware of a follow-up plan for the	e safety of the victim? Does anyone else need to be notified?
Mandated Reporting Laws in Texa	<u>s:</u>
•	amily Code, ANY person who has cause to believe that a child has set make a report to Child Protective Services (CPS) or to any state use Hotline: 1-800-252-5400
Has this concern been reported to Child	Protective Services (CPS)? □ No □ Yes
If yes, date and time of report:	Report #:
Has this concern been reported to a law	enforcement agency? □ No □ Yes
If yes, date of report:	Name of Agency and Report #:
Reporter Information:	
	Title:
	Address:
	Date:
Other witnesses (include anybody who r	nay have knowledge or information about the incident):
Name:	Title:
	Title: Address:
Contact/telephone #:	

^{*}This notice may be shared with other departments or agencies for the limited purpose of conducting an investigation or to fulfill other requirements of the law.