

Schoenstatt Sisters of Mary – USA

Report of Sexual Abuse by Members, Employees or Volunteers

This report will be shared with the major and local superior/or house manager of the Schoenstatt Retreat Center where abuse is reported to have occurred.

Today's Date: _____

Name of person making this report: _____

Name of abused victim: _____

Name of sexual abuser: _____

Dates of occurrence: _____

Age of victim at time of abuse: _____

Place(s) sexual abuse occurred: _____

Status of abuser at time of occurrence: _____

(Priest, sister, employee, youth leader, volunteer, etc.)

I would be willing to provide details

___ in writing

___ telephone interview

___ in-person interview

Person sexually abused knows of this report: ___ Yes ___ No

Others who may have information regarding the matter set forth in this report: _____

How may we contact you (phone, mail, e-mail) _____

Contact information for Victims Assistance Coordinator for Schoenstatt Sisters of Mary – USA:

Name	Sister M. Frances Pizarro
Phone	262-522-4276
E-Mail	VictimsAssistance@schrsmmary.org

Please return this form to:

Schoenstatt Sisters of Mary – USA
Attn: Provincial Superior
W284 N404 Cherry Lane
Waukesha, WI 53188

Schoenstatt Sisters of Mary – USA supports the rights of individuals to report abuse directly to the proper public authority.