



Congregation of Jesus Mary Joseph (JMJ)
Generalate, Via Tevere 5/D 00198, Rome, Italy

Congregational Safeguarding Office
Divyodaya, 6-3-900, Somajiguda, Hyderabad 500082



Reporting Form

Case no.:

Date of Report:

Time of Report:

Place of Report:

Details of Complainant

1.	Name of the Complainant	
2.	Address	
3.	Telephone or Mobile. No.	
4.	Email	
5.	Relation to the Alleged Victim	

Details of Alleged Victim (Child or Vulnerable Adult)

1.	Name	
2.	Date of Birth	
3.	Address	
4.	Gender	
5.	Social Status	
6.	Mother Tongue	
7.	Preferred Language	
8.	School (if applicable)	
9.	Any Disability	



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Details of the Parent/Guardian (where appropriate)

1.	Name	
2.	Address	
3.	Telephone or Mobile no.	
4.	Are Parents/Legal Guardian Aware of the Complaint	

Details of the Accused (Alleged abuser)

1.	Name	
2.	Address	
3.	Telephone or Mobile no.	
4.	Relation to Child/Vulnerable adult	
5.	Occupation	

Details of Incident

1.	Date of Incident	
2.	Time of Incident	
3.	Place of Incident	
4.	Names of Witnesses	
5.	Is the concerned child or adult aware of the concern being raised	



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Description or Circumstances of the Abuse in Words of the Complainant:

Name of the Safeguarding Coordinator of the Local Unit	
Signature	
Mobile no.	
Email Address	
Date and Place	

Name of the Province Safeguarding Coordinator	
Signature	
Mobile no.	
Email address	
Date and Place	

Name & Signature of complainant:

Date and Place:

Name & Signature of the recipient of Compliant:

Date and Place: