

Fax to: (512) 949-2529

or mail to: Diocese of Austin, EIM Office

6225 E US 290 HWY SVRD EB

Austin, Texas 78723

Date/time/location of occurrence:	
Type of Concern: (please check all	that apply)
□ Abuse of a current minor □ Abuse of an adult with disability □ Abuse of an elderly adult Individuals with cause to believe a minor, elderly adult, or adult with a disability is being abused must report to the Texas Department of Family and Protective Services: 1-800-252-5400. Please include any of the following: Texas DFPS Report # Law Enforcement Jurisdiction & Report #	
	n adult (if other minors are currently at risk, also report to DFPS: 1-800-252-5400; t #)
☐ Other Concern:	
	(Attach additional pages as necessary.)
Describe the situation: What happened	l, who was involved, who was present, who was notified? DFPS/law enforcement recommendation
What action was taken? How was the	situation handled, who was involved, who was questioned, were police called?
What is the follow-up plan or desired	doutcome? Does anyone else need to be notified? Will the situation need monitoring?
Has this situation occurred and/or be	en reported previously? If yes, provide details.
Submitted by: (Printed name)	Date:
	E-Mail Address:
Mailing Address:	
For questions or additional informati	on please call the EIM Office at (512) 949-2447

If you are seeking restitution or compensation for damages, you should discuss this matter with your legal counsel.