

**EPISCOPAL DIOCESE OF WESTERN LOUISIANA**

**CONFIDENTIAL NOTICE OF CONCERN  
REPORTING INAPPROPRIATE BEHAVIOR OR POLICY VIOLATIONS**

**The following notice of concern allows individuals to report inappropriate behavior or policy violations to the Episcopal Diocese of Western Louisiana. Reports of abuse or neglect should be made to law enforcement (911), local law enforcement nonemergency phone number or the Department of Children and Family Services (855-452-5437) as described in the reporting procedures of the Diocese. Making a report of abuse or neglect to anyone other than these authorities will not fulfill the legal obligations of mandatory reporters. If you have questions about incidents or reporting procedures please contact Joy Owensby at [joy@epiwla.org](mailto:joy@epiwla.org), 318-442-1304. The Diocese will cooperate fully with an investigation by law enforcement authorities and with other legal processes.**

Who is the complaint about? \_\_\_\_\_

Date of occurrence \_\_\_\_\_

Congregation/school/ institution: \_\_\_\_\_

City \_\_\_\_\_

Nature of Concern: \_\_\_\_\_

\_\_\_\_\_

Inappropriate behavior with a child or youth (please describe the behavior)

\_\_\_\_\_

\_\_\_\_\_

Policy violation with a child or youth: \_\_\_ Yes \_\_\_ No

Reason to believe abuse occurred/is occurring: \_\_\_ Yes \_\_\_ No

\_\_\_ Other \_\_\_\_\_

**Describe the situation:**

What happened? \_\_\_\_\_

\_\_\_\_\_

Where did it happen? \_\_\_\_\_

\_\_\_\_\_

Who else was present? \_\_\_\_\_

Has it ever happened before? \_\_\_\_\_

\_\_\_\_\_

Was it reported to the authorities? \_\_Yes \_\_No

If reported, to whom: \_\_\_\_\_

Please attach a copy of the written report if a written report to DCFS was made.

What action, if any, was or is being taken? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Follow-up:**

Does anyone else need to be notified? Who? \_\_\_\_\_

\_\_\_\_\_

Would you like someone to call you to discuss the situation? \_\_ Yes \_\_ No

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_