



DIocese OF ALLENTOWN
 OFFICE OF CATHOLIC HEALTH,
 HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
 POST OFFICE BOX F
 ALLENTOWN, PENNSYLVANIA 18105-1538

ACKNOWLEDGMENT/CERTIFICATION
DIocese OF ALLENTOWN
2022 POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown’s Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

_____ Date

_____ Signature of Clergy/Religious/Employee/Volunteer

_____ Location

_____ Printed Name

Sexual Abuse Policy, English



OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
 ALLENTOWN, PENNSYLVANIA 18102