



MANDATORY ABUSE REPORT

DATE OF REPORT:	TIME:	

NAME OF VICTIM / RECIPIENT/ CONSUMER (Last, First, M.I.):		FACILITY NAME:				
ADDRESS:		ADDRESS:				
CITY: STATE:	ZIP CODE :	CITY:		STATE:	ZIP CODE:	
PHONE:		PHONE:		(COUNTY:	
DATE OF BIRTH:	SEX:	FACILITY TYPE: (NH, PC	CH, DC, CLA, e	tc.)		
DATE AND TIME OF INCIDENT: DATE: TIME:	A.M. P.M.	FACILITY LICENSING A	AGENCY:	FACILITY LI	CENSE NUMBER:	
DATE: TIME: / /:_	ENCY: A.M. P.M.	LICENSING AGENCY C NAME:	CONTACT A		NE NUMBER: FELEPHONE #::	
ABUSE TYPE: (Check one) ABUSE not Involving sexual abuse, serious bodily injury, serious physical injury or suspicious death SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest) SERIOUS BODILY INJURY SUSPICIOUS DEATH DATE/TIME ORAL REPORT TO AAA: NAME OF AAA CONTACTED: AME OF AAA CONTACTED: NAME OF AAA CONTACTED: NAME OF LAW ENFORENTOR (if applicable)		APS (under 60) ABUSE/NEGLECT TYPE: (Check one) ABUSE, NEGLECT, EXPLOITATION or ABANDONMENT not Involving sexual abuse, serious injury, serious bodily Injury or suspicious death SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, or incest) SERIOUS INJURY SERIOUS BODILY INJURY SERIOUS BODILY INJURY SUSPICIOUS DEATH AAA/APS AGENCY USE ONLY: DATE/TIME ORAL REPORT TO COUNTY CORONER: (if applicable) RCEMENT AGENCY: DATE/TIME ORAL REPORT TO PDA/DHS: (if applicable)				
GUARDIAN ATTORNEY-IN-FACT NEXT OF KIN		ALLEGED PERPETRATOR NAME: RELATIONSHIP TO VICTIM: ADDRESS:				
ADDRESS:		CITY:		STATE:	ZIP CODE:	
CITY: STATE:	ZIP CODE:	PHONE NUMBER:		AGE:	SEX:	
PHONE NUMBER: RE	ELATIONSHIP:	TYPE OF POSITION: (RN, LPN, CNA, etc.)		WORK SHIFT:	DATE OF HIRE:	

DETAILS AND DESCRIPTION OF ABUSE:	(ATTACH ADDITIONAL SHEETS IF NEC	ESSARY)
	,	
ACTIONS TAKEN BY FACILITY, INCLUDING	TAKING OF PHOTOGRAPHS A	AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF
APPROPRIATE AUTHORITIES. (ATTACH ADDI	TIONAL SHEETS IF NECESSARY)	
OTHER PERTINENT INFORMATION, COMM	ENTS OR OBSERVATIONS DIR	ECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM:
NAME AND TITLE OF REPORTER:		SIGNATURE OF REPORTER:
(PLEASE TYPE OR PRINT)		
NAME:	TITLE:	
REPORTER CONTACT INFORMATION:		
		DATE:
TELEPHONE NUMBER:	EMAIL ADDRESS:	DAIL.
NAME AND TITLE OF PERSON PREPARING (PLEASE TYPE OR PRINT)	S REPORT:	SIGNATURE OF PERSON PREPARING REPORT:
NAME:	TITLE:	
PERSON PREPARING REPORT CONTACT I	NFORMATION:	
TELEPHONE NUMBER:	EMAIL ADDRESS:	DATE: