

# MANDATORY ABUSE REPORT



**DATE OF REPORT: TIME:**

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| **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, PCH, DC, CLA, etc.)** |
| **DATE AND TIME OF INCIDENT:**  **DATE: TIME:** **A.M.** **/ / \_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_ P.M.** | **FACILITY LICENSING AGENCY:**  | **FACILITY LICENSE NUMBER:** |
| **DATE AND TIME OF REPORT TO LICENSING AGENCY:** **DATE: TIME:** **A.M.** **/ / \_\_\_\_\_\_\_\_\_\_:\_\_\_\_\_ P.M.** | **LICENSING AGENCY CONTACT AND TELEPHONE NUMBER:** **NAME: TELEPHONE #::** |
| **OAPSA (over 60)****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 SERIOUS PHYSICAL INJURY** SUSPICIOUS DEATH | **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 SUSPICIOUS DEATH** |
| **DATE/TIME ORAL REPORT TO AAA:** | **NAME OF AAA CONTACTED:** | ***AAA/APS AGENCY USE ONLY:*****DATE/TIME ORAL REPORT TO COUNTY CORONER:** **(if applicable)** | ***AAA/APS AGENCY USE ONLY:*****NAME OF CORONER: (if applicable)** |
| **DATE/TIME ORAL REPORT TO LOCAL LAW ENFORCEMENT: (if applicable)** | **NAME OF LAW ENFORCEMENT AGENCY:****(if applicable)** | **DATE/TIME ORAL REPORT TO PDA/DHS:****(if applicable)** |
| **CONTACT INFORMATION: (PLEASE CHECK APPROPRIATE BLOCK)** **GUARDIAN ATTORNEY‑IN‑FACT NEXT OF KIN** | **ALLEGED PERPETRATOR NAME:**  | **RELATIONSHIP TO VICTIM:** |
| **NAME:** | **ADDRESS:** |
| **ADDRESS:** | **CITY: STATE: ZIP CODE:** |
| **CITY: STATE : ZIP CODE:** | **PHONE NUMBER:** | **AGE:** | **SEX:** |
| **PHONE NUMBER: RELATIONSHIP:**PDA/DHSMAR (04/15)PLEASE COMPLETE REVERSE SIDE | **TYPE OF POSITION:** **(RN, LPN, CNA, etc.)** | **WORK SHIFT:** | **DATE OF HIRE:** |
| **DETAILS AND DESCRIPTION OF ABUSE: (ATTACH ADDITIONAL SHEETS IF NECESSARY)** |
| **ACTIONS TAKEN BY FACILITY, INCLUDING TAKING OF PHOTOGRAPHS AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF APPROPRIATE AUTHORITIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY)** |
| **OTHER PERTINENT INFORMATION, COMMENTS OR OBSERVATIONS DIRECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM:** |
| **NAME AND TITLE OF REPORTER:** **(PLEASE TYPE OR PRINT)** **NAME: TITLE:****REPORTER CONTACT INFORMATION:**  **TELEPHONE NUMBER: EMAIL ADDRESS:**  | **SIGNATURE OF REPORTER:****DATE:** |
| **NAME AND TITLE OF PERSON PREPARING REPORT:** **(PLEASE TYPE OR PRINT)** **NAME: TITLE:****PERSON PREPARING REPORT CONTACT INFORMATION:**  **TELEPHONE NUMBER: EMAIL ADDRESS:**  | **SIGNATURE OF PERSON PREPARING REPORT:****DATE:** |