

# 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, 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:** | | | | | | | |