



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:
OIT. STATE.	ZIF GODE .	CITT.		SIAIL.	ZIF GODE.
PHONE:		PHONE:		С	OUNTY:
	LOEV	EAGULEY TYPE			
DATE OF BIRTH:	SEX:	FACILITY TYPE: (NH, PO	CH, DC, CLA, etc	c.)	
DATE AND TIME OF INCIDENT: DATE: TIME:		FACILITY LICENSING	AGENCY:	FACILITY LIC	CENSE NUMBER:
	A.M.				
<i>' ' '</i> :_	P.M.				
DATE AND TIME OF REPORT TO LICENSING AG	LICENSING AGENCY CONTACT AND TELEPHONE NUMBER:				
DATE: TIME:		NAME:		T	ELEPHONE #::
	A.M. P.M.				
OAPSA (over 60)	APS (under 60)				
ABUSE TYPE: (Check one)	ABUSE/NEGLECT TYPE: (Check one)				
ABUSE <u>not Involving sexual abuse, serio</u> serious physical injury or suspicious de	ABUSE, NEGLECT, EXPLOITATION or ABANDONMENT not Involving sexual abuse, serious injury, serious bodily				
SEXUAL ABUSE (rape, involuntary deviate	Injury or suspicious death				
sexual assault, statutory sexual assaul	SEXUAL ABUSE (rape, involuntary deviate sexual intercourse,				
indecent assault, indecent assault or ir	sexual assault, statutory sexual assault, aggravated indecent assault, or incest)				
SERIOUS BODILY INJURY SERIOUS					
		SERIOUS INJURY			
SUSPICIOUS DEATH	SERIOUS BODILY INJURY SUSPICIOUS DEATH				
DATE/TIME ORAL REPORT TO NAME OF AA	AAA/APS AGENCY US	E ONLY:	AAA/APS AGE	NCY USE ONLY:	
AAA:		DATE/TIME ORAL REP	DATE/TIME ORAL REPORT TO NAME OF CORONER: (if a		
		(if applicable)			
	NAME OF LAW ENFO	DRCEMENT AGENCY:	DATE/TIMI (if applicable)		RT TO PDA/DHS:
ENFORCEMENT: (if applicable)	п аррпсавіе)		(ii applicable)		
				•	
		ALLEGED PERPETRATO	R NAME:	RELA	TIONSHIP TO M:
GUARDIAN ATTORNEY-IN-FACT	NEXT OF KIN				
NAME:		ADDRESS:			
ADDRESS:		CITY:		STATE:	ZIP CODE:
CITY: STATE:	ZIP CODE:	PHONE NUMBER:		AGE:	SEX:
PHONE NUMBER: R	ELATIONSHIP:	TYPE OF POSITION:	,	WORK	DATE OF HIRE:
	- 2	(RN, LPN, CNA, etc.)		SHIFT:	

DETAILS AND DESCRIPTION OF ABUSE:	(ATTACH ADDITIONAL SHEETS IF NEC	ESSARY)
ACTIONS TAKEN BY FACILITY, INCLUDING APPROPRIATE AUTHORITIES. (ATTACH ADDI	ITAKING OF PHOTOGRAPHS A	AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF
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:		
TELEPHONE NUMBER:	EMAIL ADDRESS:	DATE:
TELEPHONE NUMBER.	EWAIL ADDRESS.	
NAME AND TITLE OF PERSON PREPARING	REPORT:	SIGNATURE OF PERSON PREPARING REPORT:
(PLEASE TYPE OR PRINT)	REPORT.	SIGNATURE OF FERSON FREFARING REPORT.
NAME:	TITLE:	
PERSON PREPARING REPORT CONTACT I	NFORMATION:	
TELEPHONE NUMBER:	EMAIL ADDRESS:	DATE: