

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

COUNTY APS OR OMBUDSMAN CASE NUMBER

LAW ENFORCEMENT CASE/FILE NUMBER

RECEIVING AGENCY USE ONLY

A. VICTIM [As applicable under Welfare and Institutions Code (WIC) 15636(a)] CHECK THIS BOX IF VICTIM CONSENTS TO DISCLOSURE OF INFORMATION (Ombudsman use only)

Form section A containing fields for victim name, age, date of birth, SSN, sex, ethnicity, language, address, and present location.

B. REPORTING PARTY Check Appropriate Box If Reporting Party Waives Confidentiality To: ALL, All but victim, All but Perpetrator

Form section B containing fields for reporting party name, signature, occupation, agency, relation to victim, and contact information.

C. INCIDENT INFORMATION - Address where Incident Occurred:

Form section C containing fields for date/time of incident, place of incident, and hospital/acute care hospital status.

D. REPORTED TYPES OF ABUSE (CHECK ALL THAT APPLY).

Form section D containing two columns of checkboxes for types of abuse: 1. PERPETRATED BY OTHERS and 2. SELF-NEGLECT.

Form section D continuation containing checkboxes for the results of the abuse: NO PHYSICAL INJURY, MINOR MEDICAL CARE, HOSPITALIZATION, CARE PROVIDER REQUIRED, DEATH, MENTAL SUFFERING, OTHER (SPECIFY), UNKNOWN.

E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (E.G. ANIMALS, WEAPONS, COMMUNICABLE DISEASES, ETC.). CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).

Form section F containing fields for name, relationship, address, city, zip code, and telephone of the responsible person.

G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (e.g., family, significant others, neighbors, medical providers and agencies involved, etc.)

Form section G containing fields for name, address, telephone no., and relationship of the other person.

H. SUSPECTED ABUSER Check if Self-Neglect

Form section H containing fields for name of suspected abuser, care custodian/health practitioner status, address, sex, ethnicity, age, D.O.B, height, weight, eyes, and hair.

I. TELEPHONE REPORT MADE TO: Local APS, Local Law Enforcement, Local Ombudsman, Calif. Dept. of Mental Health, Calif. Dept. of Developmental Services

Form section I containing fields for name of official contacted by phone, telephone number, and date/time.

J. WRITTEN REPORT Mailed or Faxed (DO NOT FAX REPORT TO CDSS) to agency to which telephone report was made.

Form section J containing fields for agency name, address or fax #, and date mailed or faxed.

K. RECEIVING AGENCY USE ONLY Telephone Report, Written Report

Form section K containing fields for report received by, assigned status, approved by, assigned to, cross-reported to, and date of cross-report.