

**CONFIDENTIAL REPORT -
NOT SUBJECT TO PUBLIC DISCLOSURE**

DATE COMPLETED _____

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

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

A. VICTIM Check box if victim consents to disclosure of information (Ombudsman use only - WIC 15636(a))

NAME (LAST NAME, FIRST NAME)			AGE	DATE OF BIRTH
SSN	GENDER M F	ETHNICITY	LANGUAGE (✓ CHECK ONE) NON-VERBAL ENGLISH OTHER (SPECIFY)	
ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN)			CITY	ZIP CODE TELEPHONE ()
PRESENT LOCATION (IF DIFFERENT FROM ABOVE)			CITY	ZIP CODE TELEPHONE ()
ELDERLY (65+)	DEVELOPMENTALLY DISABLED	MENTALLY ILL/DISABLED	LIVES ALONE	
PHYSICALLY DISABLED	UNKNOWN/OTHER		LIVES WITH OTHERS	

B. SUSPECTED ABUSER ✓ Check if Self-Neglect

NAME OF SUSPECTED ABUSER							
ADDRESS			CITY	ZIP CODE	TELEPHONE ()		
CARE CUSTODIAN (type) _____		PARENT	SON/DAUGHTER	OTHER _____			
HEALTH PRACTITIONER (type) _____		SPOUSE	OTHER RELATION _____				
GENDER M F	ETHNICITY	AGE	D.O.B.	HEIGHT	WEIGHT	EYES	HAIR

C. REPORTING PARTY Check appropriate box if reporting party waives confidentiality to: ✓ All ✓ All but victim ✓ All but perpetrator

NAME	SIGNATURE	OCCUPATION	AGENCY/NAME OF BUSINESS
RELATION TO VICTIM/HOW ABUSE IS KNOWN	STREET	CITY	ZIP CODE TELEPHONE ()
E-MAIL ADDRESS			

D. INCIDENT INFORMATION - Address where incident occurred

DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) OWN HOME COMMUNITY CARE FACILITY HOSPITAL/ACUTE CARE HOSPITAL HOME OF ANOTHER NURSING FACILITY/SWING BED OTHER (Specify)
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E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY)

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63)		
a. PHYSICAL (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication)	b. SEXUAL	c. FINANCIAL
d. NEGLECT (including Deprivation of Goods and Services by a Care Custodian)	e. ABANDONMENT	f. ISOLATION
	g. ABDUCTION	h. PSYCHOLOGICAL/MENTAL
	i. OTHER _____	
2. SELF-NEGLECT (WIC 15610.57(b)(5))		
a. PHYSICAL CARE (e.g. personal hygiene, food, clothing, shelter)	d. MALNUTRITION/DEHYDRATION	
b. MEDICAL CARE (e.g. physical and mental health needs)	e. FINANCIAL SELF-NEGLECT (e.g. inability to manage one's own personal finances)	
c. HEALTH and SAFETY HAZARDS (e.g. risk of suicide, unsafe environment)	f. OTHER _____	

ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY)

NO PHYSICAL INJURY	MINOR MEDICAL CARE	HOSPITALIZATION	CARE PROVIDER REQUIRED
DEATH	MENTAL SUFFERING	SERIOUS BODILY INJURY*	OTHER (SPECIFY) _____
UNKNOWN			

