

# Abuse Reporting Form

## Adult Protective Services Division of Licensing and Protection

You do not have to prove that a vulnerable adult has been abused, exploited or neglected in order to make a report; you only need to have reason to believe that abuse may have occurred. It is the responsibility of APS to investigate whether abuse, neglect or exploitation has occurred. Please provide as much information as you can.

**Part 1. Your Information:** It is helpful to have your contact information if an investigator needs your assistance in the future. However, you may choose to remain anonymous, if you wish.

Your Name		Today's Date
Your Address		
City	State	Zip
Email Address		Phone
Your relationship to the alleged victim:		Wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 2. Alleged Victim Information:** The alleged victim is the person who has been victimized or about whom you have concerns. Please provide as much information as you can.

Alleged Victim's Name		Alleged Victim's Age
Alleged Victim's Address		
City	State	Zip
Current Living Arrangements (e.g., licensed facility, relative's home)		Phone
Is the alleged victim disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe any disabilities or other diagnoses.	
Can the alleged victim make his or her own decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you determine the alleged victim can make decisions?	
Is it safe to contact the alleged victim? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", please explain the situation.	
Does the alleged victim have a support team in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Detail the names, relationships and phone numbers of team members	
Has the alleged victim received personal care for over 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Detail the nature of those personal care services	
Is the alleged victim unable to care for him/herself because of a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of assistance does the alleged victim require?	
Is the alleged victim unable to protect him/herself because of a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Why is the alleged victim unable to protect him/herself?	
Is the alleged victim at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the alleged victim residing in a licensed facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the alleged victim residing in a psychiatric hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Part 3. Alleged Perpetrator's Information:** The alleged perpetrator is the person who may be responsible for abusing, neglecting or exploiting the alleged victim. Please provide as much information as you can.

Alleged Perpetrator's Name		Alleged Perpetrator's Age
Alleged Perpetrator's Address		
City	State	Zip
Relationship to the alleged victim		Phone
Does the alleged perpetrator provide personal care services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe what kind of services are provided.	
Is the alleged perpetrator paid for providing services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", who is providing payments to the perpetrator?	
Does the alleged perpetrator have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe the disability.	
Is the alleged perpetrator also receiving care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", describe what kind of services are being received.	

**Part 4. Allegation Information:** Please use this section to explain your concern for the alleged victim. Please provide as much information as you can.

Was the alleged victim's health or well-being placed at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe why the alleged victim is at risk.
Has the alleged victim experienced pain or suffering? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe the pain, injury or suffering.
Did the alleged perpetrator intentionally cause distress? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please explain the emotional distress.
Did the alleged perpetrator initiate inappropriate sexual activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please explain why the activity was inappropriate.
Was the alleged victim improperly restrained or confined? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe the unauthorized restraint.
Did the alleged perpetrator dispense improper medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please detail the drugs that were improperly dispensed.
Did the alleged perpetrator withhold food, clothing or shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe the situation.
Did the alleged victim voluntarily decline care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe why care was declined.
Did the alleged perpetrator fail to protect the alleged victim? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe the situation.
Did the alleged perpetrator fail to address a change in health? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe why the situation was not addressed.
Does anyone else have knowledge of the situation? Please list witness names and phone numbers.	

