

(SAMPLE FORM "A")

TELEPHONE REPORT OF SUSPECTED ABUSE

Reporter's Name: _____

Person I spoke to: _____ Telephone Number: _____

Date of call: _____ Time of call: _____

Resident(s) involved _____

As a mandated reporter, you must report all known or reasonably suspected abuse of dependent adults and elders.

Type(s) of Suspected Abuse Reported:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Resident to resident |

Witness(es): _____

Description of suspected abuse _____

Name of Administrator (or designee) notified: _____

Date notified: _____ Time Notified: _____

Date SOC 341 Completed: _____ Time Submitted: _____

This document is intended to be used for Quality Assurance and/or legal purposes only. It is not to be copied, redistributed or included in any resident's medical record. The information contained herein will be evaluated by the Quality Assurance Committee.