

# ALABAMA DEPARTMENT OF HUMAN RESOURCES

## REPORT OF ADULT SUSPECTED TO BE ABUSED, NEGLECTED OR EXPLOITED

### SECTION I - INCIDENT

TYPE:	ABUSE	NEGLECT	EXPLOITATION	DATE OF INCIDENT:
LOCATION:	IN-HOME	OUT-OF-HOME (NH/Hosp)	OUT-OF-HOME (Other)	TIME:

### SECTION II – PERSON IDENTIFIED AT RISK OF MALTREATMENT

Last Name:		First Name:		MI:
Sex: M	F	Race:	Date of Birth	Social Security #
Address:		City:	State:	Zip Code:
				Phone #
DESCRIPTION OF CLIENT/DIRECTIONS TO LOCATE:				
SPONSOR/RESPONSIBLE PARTY/HOW TO CONTACT:				

### SECTION III – PERSON ALLEGEDLY RESPONSIBLE FOR MALTREATMENT

Last Name :		First Name:		MI:	Phone #
Sex: M	F	Race:	Date of Birth	Relationship to Victim:	
Address:		City:	State:	Zip Code:	Social Security #
Last Name:		First Name:		MI	Phone #
Sex: M	F	Race:	Date of Birth	Relationship to Victim:	
Address:		City:	State:	Zip Code:	Social Security #

### SECTION IV – CIRCUMSTANCES OF PERSON IDENTIFIED AT RISK/PERSON ALLEGEDLY RESPONSIBLE

Person Identified at Risk	Person Allegedly Responsible (check descriptions that apply)
Physical Dependence	
Behavioral Disorders	
Substance Abuse	
Emotional Problems	
Intellectual Disability	
Mental Problems	
Economic Dependence	
Other	

### SECTION V - ALLEGATIONS

Alleged Nature of Incident (check all that apply)	Alleged Result of Incident (check all that apply)
Physical Abuse	Physical Injury or Risk
Sexual Abuse	Sexual Injury or Risk
Psychological / Emotional Abuse	Improper Medical Care
Exploitation	Psychological / Emotional Injury
Physical Neglect                      Self      Others	Financial Injury
Environmental Neglect              Self      Others	Poor Physical Condition
Medical Neglect                        Self      Others	Isolation
Psychological / Emotional Neglect    Self      Others	Potentially Dangerous Environment
Other (Specify)	Unknown
	Other (Specify)

### SECTION VI - REPORTER

	MANDATED REPORTER (check if you are a physician, practioner of the healing arts or caregiver)
Reporter's Statement of Incident:	
Name of Reporter:	
Address / Phone Number of Reporter:	
Relationship of Reporter to Person Identified at Risk:	
Other Witness Name/How to Contact	

**When finished--Save a copy for your records and e-mail form to: [aps@dhr.alabama.gov](mailto:aps@dhr.alabama.gov)**