

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	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>
Mental Problems	<input type="checkbox"/>	<input type="checkbox"/>
Economic Dependence	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V - ALLEGATIONS

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

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