

## ACT-13 MANDATORY ABUSE REPORT

DATE OF REPORT:	TIME:
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NAME OF VICTIM (Last, First, M.I.):		FACILITY NAME:					
ADDRESS:			ADDRESS:				
CITY:	STATE:	ZIP CODE :	CITY:		STA	ATE:	ZIP CODE:
PHONE:			PHONE:			CO	UNTY:
DATE OF BIRTH:		SEX:	FACILITY TYPE: (NH, PC	CH, DC, CLA,	etc.)		
ABUSE TYPE: (Check one )  ABUSE including sexual ha  NOT involving sexual abuse physical injury, or suspicio	, serious bodil	y injury, serious	LICENSING AGENCY:				
SEXUAL ABUSE (rape, invo sexual assault, statutory indecent assault, indecen	sexual assault	, aggravated	LICENSE NUMBER:				
SERIOUS BODILY INJURY	SERIOUS	PHYSICAL INJURY		PORT TO			NCY:
SUSPICIOUS DEATH			DATE: / /			ΓΙΜΕ: :	A.M. P.M.
DATE AND TIME OF INCIDENT: DATE:	TIME:		LICENSING AGENCY C	ONTACT	AND TELE	PHONE	NUMBER:
1 1	:_	A.M. P.M.	NAME:			TE	LEPHONE #::
DATE/TIME ORAL REPORT TO AAA:	LOCAL LAW (if applicable)	PRAL REPORT TO ENFORCEMENT:	DATE/TIME ORAL REPORT TO PDA: (if applicable)  AAA USE ONLY: DATE/TIME ORAL REPORT COUNTY CORONER: (if it				
NAME OF AAA CONTACTED:		IAME OF LAW ENFO	ORCEMENT AGENCY:		E ONLY: F CORON		
CONTACT INFORMATION: (PLEASE CHECK APPROPRIATE BLOCK) GUARDIAN	NEXT OF K	IN	ALLEGED PERPETRATO	R NAME:		RELATION VICTIM:	ONSHIP TO
NAME:			ADDRESS:				
ADDRESS:			CITY:		STATE	<u></u>	ZIP CODE:
CITY:	STATE:	ZIP CODE:	PHONE NUMBER:		AGE:		SEX:
PHONE NUMBER:	RE	ELATIONSHIP:	TYPE OF POSITION: (RN, LPN, CNA, etc.)		WORK SHIFT:		DATE OF HIRE:

DETAILS AND DESCRIPTION OF ABUSE:	(ATTACH ADDITIONAL SHEETS IF NEC	ESSARY)
ACTIONS TAKEN BY FACILITY, INCLUDING	TAKING OF PHOTOGRAPHS A	AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF
APPROPRIATE AUTHORITIES. (ATTACH ADDIT	FIONAL SHEETS IF NECESSARY)	
OTHER PERTINENT INFORMATION, COMMI	ENTS OR OBSERVATIONS DIR	ECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM:
NAME AND TITLE OF REPORTER:		OLONATURE OF REPORTER
(PLEASE TYPE OR PRINT)		SIGNATURE OF REPORTER:
NAME:	TITLE:	
REPORTER CONTACT INFORMATION:		
TELEPHONE NUMBER:	EMAIL ADDRESS:	DATE:
TEEL HOME NOMBER		
NAME AND TITLE OF PERSON PREPARING	PEDODT-	SIGNATURE OF PERSON PREPARING REPORT:
(PLEASE TYPE OR PRINT)	INLI UNI.	SIGNATURE OF FERSON FREFARING REPORT.
NAME:	TITLE:	
PERSON PREPARING REPORT CONTACT I	NFORMATION:	
TELEPHONE NUMBER:	EMAIL ADDRESS:	DATE: