



DIVISION OF SENIOR AND DISABILITY SERVICES

Mandated Reporter Form

Mandated Reporter Form For Reports From 12:00 Midnight to 7:00 a.m. (when hotline is not in operation) please fill out and fax form to 573-751-4386. Report will be set up when office opens at 7:00 a.m. If this is an emergency situation, please contact 911.

Date	Time	DA # Assigned by CRU Staff)
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Reported Adult

Name				DOB	
DCN/Medicaid Number	Living Arrangements	Sex	Race	SSN	
Current Physical Address or Location					
City		State	Zip Code	Phone	

Reporter

Name		Agency/Title	Day and After Hours Phone		
Address		City	State	Zip Code	

Contact/Involved Persons (Doctor, Next of Kin, Guardians etc)

Name		Relationship	Day and After Hours Phone		
Address		City	State	Zip Code	
Name		Relationship	Phone		
Address		City	State	Zip Code	

Alleged Perpetrator

Name and Relationship to Reported Adult		Sex	Race	DOB	
Address		DCN/Medicaid #		SSN	
City		State	Zip Code	Phone	



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Report Information

List Any Potential Dangers in the Home

Physical/Mental Conditions

Directions if Home is Difficult to Locate

Situation Being Reported (Abuse, Neglect, and/or Exploitation):