



## Initial Reporting Form

**\*\*Please fax completed form to 573-751-4386 (Adult Abuse & Neglect Hotline).**

It is important that the facility provide as much information as possible, to the best of its knowledge, at the time of submission of the report.

**1. Facility Information**

Facility Name: <input style="width: 95%;" type="text"/>	CMS Certification Number (CCN), if applicable: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	Phone number: <input style="width: 95%;" type="text"/>
Email address: <input style="width: 95%;" type="text"/>	

**2. Allegation Type**

Select all that apply to the reporting incident (if none apply, you do not need to submit a report).  
Abuse specify whether:

- |   |   |
|---|---|
| <input type="checkbox"/> Physical                 | <input type="checkbox"/> Suspected Crime                                    |
| <input type="checkbox"/> Injury of Unknown Source | <input type="checkbox"/> Mental/Verbal                                      |
| <input type="checkbox"/> Sexual                   | <input type="checkbox"/> Deprivation of Goods and Services by Staff         |
| <input type="checkbox"/> Neglect                  | <input type="checkbox"/> Misappropriation of Resident Property/Exploitation |

**3. Information about when the facility became aware of the incident**

Name of staff who became aware of incident: <input style="width: 95%;" type="text"/>	Date/Time staff became aware of the incident: <input style="width: 95%;" type="text"/>
Date/Time administrator was notified of the incident and by whom: <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**4. Alleged Victim(s)**

Full Name: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 95%;" type="text"/>
Current location of alleged victim: <input style="width: 95%;" type="text"/>	
Full Name: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 95%;" type="text"/>
Current location of alleged victim: <input style="width: 95%;" type="text"/>	

**5. Alleged Perpetrator(s)**

If not a staff member, please insert as much accurate information as possible.

Full Name: <input style="width: 95%;" type="text"/>	Position (if staff): <input style="width: 95%;" type="text"/>
Contact Information: <input style="width: 95%;" type="text"/>	Relationship to the alleged victim: <input style="width: 95%;" type="text"/>
Full Name: <input style="width: 95%;" type="text"/>	Position (if staff): <input style="width: 95%;" type="text"/>
Contact Information: <input style="width: 95%;" type="text"/>	Relationship to the alleged victim: <input style="width: 95%;" type="text"/>

Full Name:

Position (if staff):

Contact Information:

Relationship to the alleged victim:

**6. Allegation Details**

Provide a brief description of the specific allegation, including but not limited to:

Person who made the allegation (unless it was reported anonymously) and their relationship to the alleged victim:

Describe what was reported:

Date and time the alleged incident occurred:

Location of the alleged incident:

Provide details of any physical harm, pain, or mental anguish to the alleged victim(s) (such as serious bodily injury, descriptions of injuries, change in the resident's behavior indicating something different from the resident's normal baseline):

**7. Steps Taken to Protect Residents**

Describe all steps taken immediately to ensure residents are protected. Such steps could include:

- Immediate assessment of the alleged victim and provision of medical treatment as necessary;
- Evaluation of whether the alleged victim feels safe and if he/she does not feel safe, taking immediate steps to protect the resident, such as a room relocation and/or increased supervision;
- Immediate notification to the alleged perpetrator's (if a resident) and/or the alleged victim's physician and the resident representative when there is injury, a significant change in condition or status, and/or a need to alter treatment significantly;
- If the alleged perpetrator is facility staff, removal of the alleged perpetrator's access to the alleged victim and other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- If the alleged perpetrator is a resident or visitor, removal of the alleged perpetrator's access to the alleged victim and, as appropriate, other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- Other measures the facility is taking to prevent further potential abuse, neglect, exploitation, and misappropriation of resident property.

**8. Witness(es)**

Full Name:

Relationship to alleged victim:

Full Name:

Relationship to alleged victim:

Position (if staff):

Contact information:

Position (if staff):

Contact information:

**9. Notification to Law Enforcement, if applicable**

Was the incident reported to a law enforcement agency? Yes  No

If YES, name of the law enforcement agency notified and contact person: Report number if available:

Name of reporting individual(s) and position(s):

Date and time the report was made:

**10. Notification to Other Agencies**

Were other agencies notified? Yes  No

If YES, which agency and who at that agency was notified of the allegation (ex: Adult Protective Services, Ombudsman):

Agency:

Name:

Date and Time the report was made:

Agency:

Name:

Date and Time the report was made:

**11. Report Submission**

Information of person submitting report:

Name:

Title:

Contact number:

Email:

Date and Time the report was submitted:

Alternate Contact:

Title:

Contact number:

Email: