

TEMPLETON POLICE DEPARTMENT

33 South Road, Templeton, MA. 01468
Telephone: 978-939-5638 -- Fax: 978-939-2042

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ELDER ABUSE MANDATED REPORTER FORM

(Report may also be made anonymously)

This form should be returned within 48 hours of the oral report, to the following designated Protective Service Agency:

Reporter Information:

Name: _____ Occupation: _____
Agency: _____ Address: _____
Telephone #: _____ Cell Phone #: _____

Information about Elder being Allegedly Abused/Neglected:

Name: _____ Address: _____
Permanent: _____
_____ Temporary: _____
Telephone #: _____ Cell Phone #: _____
Approximate Age: _____ Sex: _____ Preferred Language: _____
Is English Spoken? _____ Is the Elder aware a report is being made? _____

Description of alleged abuse incidents and/or condition of neglect: Include name, dates, times, and specific facts and any information regarding prior incidents of abuse/neglect. _____

Persons or Agencies Involved or Knowledgeable about Elder:

Name _____ Age _____ Relationship _____
Address _____ Telephone _____

Name _____ Age _____ Relationship _____
Address _____ Telephone _____

Name _____ Age _____ Relationship _____
Address _____ Telephone _____

Name _____ Age _____ Relationship _____
Address _____ Telephone _____

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Is medical treatment required immediately? Yes _____ No _____ Possibly _____

Describe treatment needed or already received: _____

Does the reporter believe the situation constitutes an emergency? Yes ___ No ___ Possibly _____

Describe the risk of death or immediate and serious harm: _____

Additional Information or Comments: _____

Signature of Reporter

Date