EXECUTIVE OFFICE OF ELDER AFFAIRS COMMONWEALTH OF MASSACHUSETTS

ELDER ABUSE MANDATED REPORTER FORM

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

	South Shore Elder Services, Inc. 1515 Washington Street Braintree, MA 02184 Phone 781-848-3910 Fax 781-843-8279	
	FIIULE 701-040-3910 Fax 701-043-0279	l
Reporter Information	<u>1:</u>	
Name:	Occupation:	
Agency:	Address:	
Telephone #:		
Information about Ele	der being Allegedly Abused/Neglected:	
Name:		
Address:		

Permanent:			
Temporary:			
Telephone #:			
Approximate Age:	Sex:	Preferred Language:	
Is elder aware report is being made?		Is English spoken?	

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: Address:			Relationship:			
Name: Address:			Relationship:			
Name: Address:		Age: Phone:	Relationship:			
Name: Address:			Relationship:			
Name: Address:			Relationship:			
Is medical treatment required immediately? Yes No Possibly Describe treatment needed or already received:						
Does 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