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

Reporter Information:

Name: _____ Occupation: _____

Agency: _____ Address: _____

Telephone #: _____ _____

Information about Elder 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: _____ Age: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Age: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Age: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Age: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Age: _____ Relationship: _____
Address: _____ Phone: _____

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