COMMUNITY ABUSE ALLEGATION/NEGLECT REPORT

Program Name_____Date Reported_____

Program Disability ____MH ____ MR ____SA Core Service_____

Site Name_____

Street Address_____

City_____ _State_____Zip_____ Phone Number_____

Person calling in report:_____ Phone Number_____

CLIENT

First Name_____MI_____Last Name_____

SSN_____Birth Date_____ Gender: ___M ___F ___U

Race: ___Black/African American ___American Indian ___Alaskan Native ___Other

___White/Caucasian ___Asian/Pacific Islander ___Unknown

Status: ____Active ____Discharged Status Date_____

Surrogate Decision Maker_____

Relationship: ___Adult Son/Daughter ___Parent ___Spouse

___Legal Guardian/Attorney ___Relative ___Other

Client Street Address:_____

City_____State_____Zip_____Phone Number_____

ABUSE ALLEGATION

Abuse Date_____Time_____Location_____

Alleged Abuse (Circle all that apply)

Physical Verbal Sexual Peer To Peer Neglect Seclusion/Restraint Exploitation Other

Description of Alleged Abuse:_____

Client Injury (Circle all that apply)

Patient Injured: Bruises Fractures Lacerations Other Injury Death

Description of Physical/Medical Findings:_____

_____

Abuse Reported By: First Name_____MI____Last Name_____

Abuse Reported To: First Name_____MI____Last Name_____

Reported Date_____Reported time_____

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NOTIFICATION

Date Director Notified_____Time_____ ( ) Notify Licensing

Date Licensing Notified_____Time_____Date Advocate Notified_____Time_____

Date Surrogate Dec. Notified_____Time_____Date Case Mgr. Notified_____Time_____

Department of Social Services Notification

First name_____MI_____Last Name_____Date Notified_____Time_____

Method of Notification ____Phone ____Mail

DSS Findings __Chose Not to Participate __Founded __In Need of Protective Services
__Letter re: Abuse Findings __Phone Call __No Longer Need Protective Services
__Reason to Suspect __Other __Not Founded/Doesn't Need Protective Ser.

Police Notification

( ) Suspected Criminal Activity

Local Police Name_____Local Police Dept. Name_____Date Notified_____

State Police Name_____ State Police Dept. Name_____Date Notified_____

ADMINISTRATIVE INVESTIGATION

Date of Investigation_____ Time_____

Administrative Investigator(s) First Name:_____MI_____Last Name:_____
First Name:_____MI_____Last Name:_____
First Name:_____MI_____Last Name:_____

Findings: ____No Abuse ____Abuse Substantiated ____Insufficient Evidence ____Inappropriate Behavior

Date of Initial Findings_____ Time_____

Director's Disposition: ___No Abuse ___Abuse Substantiated ___Insufficient Evidence ___Inappropriate Behavior

Date of Director's Disposition_____ Time_____

Director's Remarks:_____

Notification of Findings and Right to Appeal Dates:
Advocate_____ Client_____ Surrogate Decision Maker_____ Case Manager_____

Responsible Advocate/CSB Contact Name_____

COMMUNITY ABUSE ALLEGATION/NEGLECT REPORT

ALLEGED ABUSER

(Enter as many alleged abusers as necessary. Attach additional paper if necessary.)

FIRST NAME_____MI_____LAST NAME_____

Position/Relation (check the one that applies):

____Physician	____Nurse	____Other Resident	____Human Services Care Staff Member
____Psychologist	____Teacher	____Social Worker	____Transportation Staff Member
____Psychiatrist	____Dentist	____Therapist	____Kitchen Staff Member
____Security	____Family	____Friend/Visitor	____Maintenance Staff Member
____Clerk	____Volunteer	____Aide/Technician	____Admin/Support Staff Member
____Team Leader	____Case Manager	____Authorized Rep.	____Housekeeping Staff Member
____Unknown	____Other	____Resident Counselor	

Action Taken (check all that apply):

( ) Terminated	( ) Remedial Training	( ) No Action
( ) Transferred	( ) Verbal Counseling	( ) Referral to Judicial System
( ) Suspended	( ) Written Counseling	( ) Other
( ) Resigned	( ) Monitoring	

Action Taken Remarks_____

_____

FIRST NAME_____MI_____LAST NAME_____

Position/Relation (check the one that applies):

____Physician	____Nurse	____Other Resident	____Human Services Care Staff Member
____Psychologist	____Teacher	____Social Worker	____Transportation Staff Member
____Psychiatrist	____Dentist	____Therapist	____Kitchen Staff Member
____Security	____Family	____Friend/Visitor	____Maintenance Staff Member
____Clerk	____Volunteer	____Aide/Technician	____Admin/Support Staff Member
____Team Leader	____Case Manager	____Authorized Rep.	____Housekeeping Staff Member
____Unknown	____Other	____Resident Counselor	

Action Taken (check all that apply):

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( ) Suspended	( ) Written Counseling	( ) Other
( ) Resigned	( ) Monitoring	

Action Taken Remarks_____

WITNESS

(Enter as many witnesses as necessary. Attach additional paper if necessary.)

First Name_____MI_____Last Name_____

First Name_____MI_____Last Name_____

First Name_____MI_____Last Name_____

First Name_____MI_____Last Name_____

INTERNAL INVESTIGATION REPORT FORMAT
Abuse and Complaints

1. Description of the incident to include:

    - Date and time alleged incident took place—state whether actual or estimated
    - Location of alleged incident
    - List all those persons involved (include name, position, title)
    - List those persons who were witnesses to the incident (include name, position, title)
    - What happened – describe the incident in detail

2. Notification of incident made to (include date and time):

    - Authorized Representative/Surrogate Decision Maker
    - Department of Social Services
    - Police (also include name of department and person to whom report was made)

3. Investigation Summary and Statements:

    - Describe investigative process (who was interviewed)
    - Attach copies of written statements from all staff involved
    - Attach copy of written statement of client(s) involved (client written or dictated)

4. Staffing Issues – include statements and assess and make recommendations regarding the following:

    - Evaluation of staff to client ratios (e.g. were a sufficient number of staff on duty?)
    - Placement/assignment of staff (e.g. were staff assignments made appropriately?)
    - Location (e.g. was staff where they were supposed to be?)
    - Training (e.g. did staff have the appropriate training to do what they were doing? How recently was training completed? Was staff competency assessed?)
    - Were policies and procedures followed by those involved?

INTERNAL INVESTIGATION REPORT FORMAT
Abuse and Complaints

5. Conclusion – make a determination of:

    - Abuse
    - No abuse
    - Founded (complaint)
    - Unfounded (complaint)
    - Inappropriate Behavior
    - Insufficient Evidence

6. Action to be taken:

    - What action will be taken?
    - When will the action be taken (date/time frame?)
    - Will there be an assessment of action taken if appropriate?

7. Notification of conclusion and right to appeal decision:

    - Name and title of the person responsible for making this notification.
    - Names of persons notified and date of notification of Representative/Surrogate Decision Maker and consumer)

8. Signatures, title and date signed:

    - Of the person who prepared the report
    - The executive director or administrator