

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:

Tri-Valley, Inc.
508-949-6640 1-800-286-6640

10 Mill St. Dudley, MA 01751
508-949-6652 FAX

Reporter Information:

Name: _____ Occupation: _____
Agency: _____ Address: _____
Tel. #: _____

Information about Elder Being Allegedly Abused/Neglected:

Name: _____
Address: _____
Permanent: _____
Temporary: _____
Tel. #: _____ Preferred Language: _____
Approximate Age: _____ Sex: _____ Is English spoken? _____
Is elder aware 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)

EOEA-PS-89-01

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