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.  10 Mill St. Dudley, MA 01751
508-949-6640  1-800-286-6640  508-949-6652 FAX

Reporter Information:

Name: _____________________________________________ Occupation: __________________________
Agency: __________________________________________ Address: ________________________________
Tel. #: ___________________________________________

Information about Elder Being Allegedly Abused/Neglected:

Name: _____________________________________________
Address: __________________________________________
      Permanent: ____________________________________
      Temporary: ___________________________________
Tel. #: ___________________________________________
      Preferred Tel. #: ______________________________
      Language: ____________________________________
      Is English spoken? _____________________________
Approximate Age: _______ Sex: ______________________
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)

____________________________________________________________________________________________________________________________________________________

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EOEA-PS-89-01
Persons or Agencies Involved or Knowledgeable about Elder:

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<th>Age</th>
<th>Relationship</th>
<th>Phone</th>
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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