

MANDATED REPORTER FORM FOR LONG TERM CARE FACILITIES

| Resident in Need of Protection Being Referred | | |
|---|------------------------|-------|
| Last Name: | First Name: | M.I.: |
| Date of Birth: ____/____/____ | S.S. #: ____/____/____ | Age: |
| Long Term Care Facility | | |
| Name of Long Term Care Facility: _____ | | |
| Facility Address: _____ | | |
| Contact Person: _____ | | |
| Telephone: () _____ Fax: () _____ | | |
| Report of Suspected: _____ Abuse _____ Neglect _____ Exploitation _____ Abandonment | | |
| Date of incident (if known): _____ | | |
| Relationship of the alleged perpetrator to the resident (i.e. family, facility staff, other resident, etc.): _____ _____ | | |
| Who Has Been Notified/Involved?: _____ CT Department of Social Services _____ CT Department of Public Health _____ State or Local Police | | |
| If this is a resident/family complaint, have you offered to contact the office of the Long Term Care Ombudsman program on their behalf? _____ Yes _____ No | | |
| Please provide information regarding the nature and extent of the situation and any other details which might be helpful in investigating the case and protecting the resident. _____ _____ _____ _____ _____ | | |
| Investigation pending and summary to follow. _____ Yes _____ No | | |
| Referral/Reporter Information: Name: _____ Address: _____ Telephone: () _____ Fax: () _____ Relationship to the Resident: _____ Date of Report: _____ Does the Reporter Wish to be: _____ Anonymous _____ Identified | | |

Note: Incidents between residents need only be reported when the facility has determined that the resident has the capability to act intentionally, knowingly or recklessly, in accordance with definitions contained in Penal Code 531.3.

TELEPHONE REPORTS ARE NOT ACCEPTABLE