

## SUSPECTED DEPENDENT ADULT ABUSE REPORT

This form may be used as the written report that mandatory reporters file with the Department of Human Services following an oral report of suspected dependent adult abuse. See page 2 for instructions.

There are three criteria for a dependent adult abuse referral:

- (1) A dependent adult.      (2) Abuse as defined in Iowa Code 235B.      (3) A caretaker, if applicable.

### REPORT INFORMATION

Name of Dependent	Phone (    )	Birth Date	
Street	City	State	Zip Code
1. Person is a dependent adult because:			
2. Type of abuse noted:			
<input type="checkbox"/> Physical injury	<input type="checkbox"/> Financial exploitation	<input type="checkbox"/> Denial of care by dependent adult him/herself	
<input type="checkbox"/> Sexual offense	<input type="checkbox"/> Unreasonable punishment	<input type="checkbox"/> Denial of care by caretaker	
<input type="checkbox"/> Unreasonable confinement			
Information about suspected abuse: (Incidents, previous abuse, person responsible for abuse, name and address of guardian, etc.)			
3. Caretaker: (Omit if deprivation is <u>by</u> the dependent adult.)			
Name		Phone (    )	
Street	City	State	Zip Code
Person is a caretaker because:			

### REPORTER INFORMATION

Name	Position	Relationship to Adult
Office Address		Phone (    )
Names of other mandatory reporters who have knowledge of the abuse		
Signature of Reporter		Date