

EXECUTIVE OFFICE OF ELDER AFFAIRS
COMMONWEALTH OF MASSACHUSETTS

ELDER ABUSE MANDATED REPORTER FORM

Note: You must phone in a report in addition to filling out this form.
This form should be returned within 48 hours of **the oral report**, to the following
Designated Protective Service Agency:

Elder Protective Services
75 S. Church Street, STE 401
Pittsfield, MA 01201
Fax: 413-344-4453
Phone: 855-874-3242

Reporter Information:

Name: _____ Occupation: _____

Agency: _____ Address: _____

Tel.# _____

Information about Elder Being Allegedly Abused/Neglected and/or Self Neglecting:

Name: _____

Address: _____

Permanent: _____

Temporary: _____

Tel # _____ Preferred Language _____

Approximate Age: _____ Sex: _____

Is elder aware report is being made? _____ Is English spoken? _____

Description of alleged abuse incidents and/or condition of neglect or self neglect:
(Include name, dates, times, and specific facts and any information regarding prior
incidents of abuse/neglect/self neglect).

Persons or Agencies Involved or Knowledgeable about Elder:

Name: _____ Age _____ Relationship _____

Address: _____ Phone _____

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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