

**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:

LifePath, Inc.
Elder Protective Services
101 Munson Street, Suite 201
Greenfield, MA 01301
Fax: 413-772-1084

Reporter Information:

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

Information about Elder Being Allegedly Abused/Neglected:

Name: _____
Address: _____
Permanent: _____
Temporary: _____
Tel. #: _____
Approximate Age: _____ Date of Birth: _____ Sex: _____
Preferred Language: _____ Is English spoken? _____
Is the elder aware a 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.

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 the 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