



Protective Services Department
67 Millbrook Street
Worcester, MA 01606
508-852-3205
www.eswa.org

*mail completed form, or fax to
508-856-0375

Reporter Information:

Name:	<input type="text"/>	Occupation:	<input type="text"/>
Agency:	<input type="text"/>	Address:	<input type="text"/>
Tel. #:	<input type="text"/>		<input type="text"/>

Information about elder being allegedly Abused/Neglected/Financially Exploited:

Name:	<input type="text"/>		
Address:	<input type="text"/>		
Permanent:	<input type="text"/>		
Temporary:	<input type="text"/>		
Tel. #:	<input type="text"/>	Preferred Language:	<input type="text"/>
Approximate Age:	<input type="text"/>	Sex	<input type="text"/>
Is elder aware report is being made?	<input type="text"/>	is English spoken?	<input type="text"/>

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

NOTE: IF POLICE INCIDENT REPORT HAS ALL THIS INFORMATION, A COPY MAY BE ATTACHED AND THIS SPACE NEED NOT BE COMPLETED.

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

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