ALABAMA DEPARTMENT OF HUMAN RESOURCES
REPORT OF ADULT SUSPECTED TO BE ABUSED, NEGLECTED OR EXPLOITED

SECTION I - INCIDENT

TYPE: ABUSE ☐ NEGLECT ☐ EXPLOITATION ☐ | DATE OF INCIDENT:

LOCATION: IN-HOME ☐ OUT-OF-HOME (NH/Hosp) ☐ OUT-OF-HOME (Other) ☐ | TIME:

SECTION II – PERSON IDENTIFIED AT RISK OF MALTREATMENT

Last Name: First Name: MI:

Sex M ☐ F ☐ | Race: | Date of Birth | Social Security #

Address: City: State: Zip Code: | Phone #

DESCRIPTION OF CLIENT/DIRECTIONS TO LOCATE:

SPONSOR/RESPONSIBLE PARTY/HOW TO CONTACT:

SECTION III – PERSON ALLEGEDLY RESPONSIBLE FOR MALTREATMENT

Last Name : First Name: MI: | Phone #

Sex: M ☐ F ☐ | Race: | Date of Birth | Relationship to Victim:

Address: City: State: Zip Code: | Social Security #

Last Name: First Name: MI | Phone #

Sex: M ☐ F ☐ | Race: | Date of Birth | Relationship to Victim:

Address: City: State: Zip Code: | Social Security #

SECTION IV – CIRCUMSTANCES OF PERSON IDENTIFIED AT RISK/PERSON ALLEGEDLY RESPONSIBLE

	Person Identified at Risk	Person Allegedly Responsible
Physical Dependence	☐	☐
Behavioral Disorders	☐	☐
Substance Abuse	☐	☐
Emotional Problems	☐	☐
Intellectual Disability	☐	☐
Mental Problems	☐	☐
Economic Dependence	☐	☐
Other	☐	☐

(check descriptions that apply)

SECTION V - ALLEGATIONS

Alleged Nature of Incident (check all that apply)

Physical Abuse	☐			
Sexual Abuse	☐			
Psychological / Emotional Abuse	☐			
Exploitation	☐			
Physical Neglect	Self ☐	Others ☐		
Environmental Neglect	Self ☐	Others ☐		
Medical Neglect	Self ☐	Others ☐		
Psychological / Emotional Neglect	Self ☐	Others ☐		
Other (Specify)	☐			

Alleged Result of Incident (check all that apply)

Physical Injury or Risk	☐	Other (Specify) ☐
Sexual Injury or Risk	☐	
Improper Medical Care	☐	
Psychological / Emotional Injury	☐	
Financial Injury	☐	
Poor Physical Condition	☐	
Isolation	☐	
Potentially Dangerous Environment	☐	
Unknown	☐	

SECTION VI - REPORTER

MANDATED REPORTER (check if you are a physician, practioner of the healing arts or caregiver) ☐

Reporter's Statement of Incident:

Name of Reporter:

Address / Phone Number of Reporter:

Relationship of Reporter to Person Identified at Risk:

Other Witness Name/How to Contact

When finished--Save a copy for your records and e-mail form to: aps@dhr.alabama.gov