

**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 #		Phone #
Address:		
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:			Social Security #
Last Name:	First Name:	MI	Phone #
Sex: M F	Race:	Date of Birth	Relationship to Victim:
Address:			Social Security #

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

Person Identified at Risk	Person Allegedly Responsible (check descriptions that apply)
Physical Dependence	
Behavioral Disorders	
Substance Abuse	
Emotional Problems	
Intellectual Disability	
Mental Problems	
Economic Dependence	
Other	

**SECTION V - ALLEGATIONS**

Alleged Nature of Incident (check all that apply)	Alleged Result of Incident (check all that apply)
Physical Abuse	Physical Injury or Risk
Sexual Abuse	Sexual Injury or Risk
Psychological / Emotional Abuse	Improper Medical Care
Exploitation	Psychological / Emotional Injury
Physical Neglect      Self      Others	Financial Injury
Environmental Neglect      Self      Others	Poor Physical Condition
Medical Neglect      Self      Others	Isolation
Psychological / Emotional Neglect      Self      Others	Potentially Dangerous Environment
Other (Specify)	Unknown
	Other (Specify)

**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](mailto:aps@dhr.alabama.gov)**