

**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:**

**Protective Services  
Minuteman Senior Services  
26 Crosby Drive  
Bedford, MA 01730**

**Minuteman Fax: (781) 229-6190  
Elder Abuse Hotline: (800) 922-2275**

**Reporter Information:**

**Name:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_  
**Tel. #:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**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