



Ageing and Disability Services

Senior Abuse Reporting Form

This form is for the reporting of suspected or known senior abuse. If you are referring a senior for case management, use the ADS Case Management Referral Form.

In accordance with the Senior Abuse Register Act 2008, any person with information indicating that a senior (65years and older) is suffering abuse, has suffered abuse, or faces a substantial risk of suffering abuse, must report that information to the Registrar. Professionals are mandated to report under the Act.

Provide as much information known to you at the time of referral:

Part A: Information about the Senior

Name of Senior: _____ Date Of Birth: _____
dd/mm/yyyy

Address: _____

Telephone: (w) _____ (h) _____ Email: _____

Seniors' Next of Kin (if known): _____

Address: _____

Telephone: (w) _____ (h) _____ Email: _____

Other relevant persons- to be contacted regarding this referral:

<u>NAME and reason to contact</u>	<u>Phone Number/Email/ other</u>
_____	_____
_____	_____
_____	_____
_____	_____

Part B: Reason for Report

1. Type of abuse- check the box(es) that apply:

Physical Abuse

Sexual Abuse

Neglect

Emotional Abuse

Financial Abuse

Other: _____

2. Explanation of incident/concern:- provide a detailed account of your observations. Indicate the nature & extent of injuries, behavioural indicators, frequency etc.

3. Past Concerns (if any):

4. Senior's Disclosure (if any):

Part C: Reporter's Information

Name of Reporter (print) : _____

Agency (if any): _____

Relationship to senior (if any): _____

Tele # : _____ E-Mail : _____

Signature: _____ Date: _____

Submit this form to: ads@gov.bm; Fax: 292-9125; or
 Hand deliver to: ADS, Ministry of Health and Seniors, 25 Church St Hamilton.

For ADS use only:

Date received by Intake:	Intake signature:
Date Received by Registrar:	Case Number:
<input type="checkbox"/> Reporter received email acknowledging referral	Date:
Assigned Case Worker:	Date:
Outcome of Investigation: Unsubstantiated <input type="checkbox"/> Suspected <input type="checkbox"/> Substantiated <input type="checkbox"/> Pending <input type="checkbox"/>	
Notes re: outcome:	
Date of Closure:	Signature :