



REPORT OF SUSPECTED/ALLEGED ABUSE OF AN OLDER PERSON

Date of report: _____ Time of report: _____

ABOUT THE SOURCE OF THE REPORT

Individual Worker

Name: _____ Date of birth: _____

Position/Duty type (eg.RN): _____ Contact number: _____

Employer/Aged Care Provider

Organisation Name: _____

Address of organisation: _____

Manager's Name: _____ Date of Birth: _____

Title: _____ Contact number: _____

ABOUT THE ALLEGED VICTIM/CONSUMER

Name: _____ Date of birth: _____

Address: _____

Contact number: _____

Any obvious illness/disability (eg. dementia): _____

Next of Kin [not if alleged abuser]

Name: _____ Date of birth: _____

Address: _____

Contact number: _____ Relationship: _____

POLICE TO COMPLETE

Names of police in attendance: _____

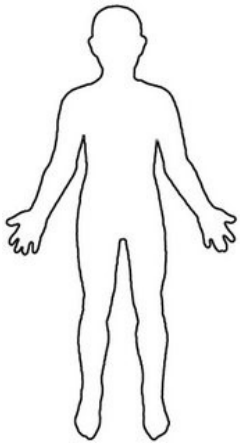
Station of attachment: _____

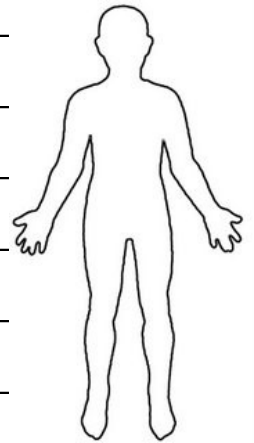
OBSERVATIONS

Description of Incident

Type of abuse suspected: Physical Emotional Financial Neglect Sexual

Injuries *[Please write in details of what was seen, location, body outline front/back and draw on same where injuries located, photos of what was seen]:*





Treatment Provided *[Please include by whom and qualifications]:*

Witness 1

Name: _____ Date of birth: _____

Address: _____

Contact number: _____ Relationship: _____

Witness 2

Name: _____ Date of birth: _____

Address: _____

Contact number: _____ Relationship: _____

Additional note: _____