



## HEALTH AND HUMAN SERVICES DEPARTMENT

### Section 1 Screening

Name of Reporter: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Individual Enrolled in: \_\_\_\_\_

### Section 2 Provider Contacts

MH Services:

DD Services:

Agency Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Section 3 Alleged Victim (AV) Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Guardian: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Section 4 Accused Person (AP) Information

Name: \_\_\_\_\_

Relationship to AV: \_\_\_\_\_

Incident location: \_\_\_\_\_

Phone: \_\_\_\_\_

### Section 5 Description of Incident

(if a death choose type) 

(Detail cause of death)

Date Occurred: \_\_\_\_\_ Time Occurred: \_\_\_\_\_

Staff Taking Report: \_\_\_\_\_

Date: \_\_\_\_\_

### Section 6 What Protective Services Provided

### Section 7 Referred to