

## **Suspected Dependent Adult Abuse Report**

This form may be used as the written report that mandatory reporters file with the Department of Human Services following an oral report of suspected dependent adult abuse. See page 2 for instructions.

There are three criteria for a dependent adult abuse referral:

(1) A dependent adult.	(2) Abuse as defined in Iowa Code 235B.	(3) A caretaker, if applicable
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REPORT INFORMATION					
Name of Dependent	Phone	Birth Date			
Street	City	State	Zip Code		
Person is a dependent adult because:					
2. Type of abuse noted:   Physical assault	<ul> <li>Denial of care by dependent adult</li> </ul>				
<ul><li>☐ Exploitation</li><li>☐ Personal degradation</li><li>☐ Sexual offense</li><li>☐ Unreasonable punishment</li></ul>	<u> </u>				
Information about suspected abuse: (Incidents, previous abuse, person responsible for abuse, name and address of guardian, etc.)					
3. Caretaker: (Omit if deprivation is by the dependent adult.)					
Name		Phone ( )			
Street	City	State	Zip Code		
Person is a caretaker because:					
REPORTER INFORMATION	I Design	Daladaaal	A. I. II		
Name	Position	Relations	nip to Adult		
Office Address		Phone ( )			
Names of other mandatory reporters who have knowledge of the abuse					
Signature of Reporter		Date			

## Instructions for Completing Form 470-2441, Suspected Dependent Adult Abuse Report

- ⇒ The mandatory reporter who has made the initial oral report of suspected abuse to the Department of Human Services prepares this form.
- ⇒ Submit this form <u>within 48 hours</u> of the oral report to the Protective Service Unit that will be conducting the evaluation or assessment.
- ⇒ If your agency has a report form or letter format that includes all of the information requested on this form, you may use the agency format in place of form 470-2441.

Use the space below if there is not enough space for all pertinent information on the front of this form. You can attach collateral reports or other information to the form.