

TENNESSEE DEPARTMENT OF HEALTH

ABUSE AND/OR NEGLECT
REPORT

County Number _____

County Name _____

1. Victim's Name _____ Nickname _____ Sex _____ Birthdate ____/____/____

Address _____ Telephone _____

If not at above address, where? _____ Telephone _____

Parents name, address, telephone number if victim is a child:

Mother _____

Father _____

2. Who is the principal caregiver? _____ Relationship _____

Address _____ Telephone _____

3. Are there others in this home who may be at risk? Yes ___ No ___ If yes, list:

4. Type of maltreatment being reported: Physical ___ Sexual ___ Neglect ___

Other _____

5. Describe incident or events leading to report: Date, Time, Place, Perpetrator(s), witnesses if any, or reported to you and by whom. Is this an isolated incident or an ongoing event? Is person now in danger of further abuse/neglect?

6. Does family know you are making this report? Yes ___ No ___

7. Reported to: _____
Name Title Telephone Date

8. Report prepared by: _____
Signature Title Telephone Date

INSTRUCTIONS

FOR

ABUSE AND/OR NEGLECT REPORT

PURPOSE: To provide a form on which a written report of suspected abuse and/or neglect may be made.

EXPLANATION AND DEFINITION:

Health department employees may report abuse/neglect to the local Department of Human Services, Juvenile Judge or police chief by telephone, however, a written report must be subsequently mailed following the telephone report.

1. Record victim's complete name, name commonly used, sex, and birthdate.
Record address and telephone number where victim usually lives. If the victim has been moved, record address and telephone numbers where victim may be found.
If victim is a child, record name, address, and telephone number of both parents.
2. Record name, address, and telephone number of primary caregiver and their relationship to victim. This may be parents, foster parent, day care worker, nursing home attendant, neighbor, etc.
3. Record whether there are others who may be at risk in this situation and list their names.
4. Record the type of maltreatment being reported.
5. Describe the maltreatment event(s). Give dates, if possible, where the maltreatment occurred, who was responsible, who witnessed these events or who reported them to you. Record any pertinent information which will assist both the victim and surveillance personnel.
6. Record whether the family is aware that you are making this report.
7. Document the name of the person, (discipline, title, telephone number and date) to whom report was initially made.
8. Record signature of the person preparing the written report, their discipline, title, telephone number where they may be reached and date of the report.

USED BY: Health department employees, usually nurses and physicians.

OFFICE MECHANICS & FILING: Original to be mailed to the authority to whom situation is being reported. A copy of the report is submitted to the Regional Director of Nursing and a copy is filed in a confidential file, separate from the victim's health record, in the Local Health Department.

RETENTION: Must be retained until age 22 years but at least 10 years after date of last service or 5 years after known dead.