

ABUSE/NEGLECT TELEPHONE REFERRALS

Abuse Type:
(Circle all that apply)

Physical

Sexual

Neglect

Financial

Systemic
Neglect

Other: _____

Crim. Div.

Code:		
1	2	3

Police Report#: _____

County/Dept: _____

Police
Phone#: _____

Complaint date and time referral received at MFCU:

DATE

TIME

Incident date and time:

DATE

TIME

Referral source:

Referral source: _____

Referral contact number: _____

Facility Information

Facility Name: _____ PHONE: _____

Contact Person: _____

Address: _____

COMMENTS: _____

Victim's Information

NAME: _____ SS# _____ SEX: _____
Last Name, First

DOB: _____

Able to answer questions: YES NO SOMEWHAT

Is victim deceased? NO YES If yes, the date: _____

Primary Diagnosis: _____

Suspect's Information

NAME: _____ PHONE: _____

ADDRESS: _____

ADDRESS: _____

DOB: _____ JOB TITLE: _____

Witness Information

WITNESS 1: _____ PHONE: _____
ADDRESS: _____
ADDRESS: _____
DOB: _____ JOB TITLE: _____

WITNESS 2: _____ PHONE: _____
ADDRESS: _____
ADDRESS: _____
DOB: _____ JOB TITLE: _____

WITNESS 3: _____ PHONE: _____
ADDRESS: _____
ADDRESS: _____
DOB: _____ JOB TITLE: _____

ALLEGATIONS/SYNOPSIS/COMMENTS: [See page 3 to add additional comments,etc.]

Contact Information

NAME: _____ PHONE: _____
FACILITY: _____
ADDRESS: _____
COMMENTS: _____

Case Status

Case Declined Case referred to: _____
Case Accepted:

ASSIGNED INVESTIGATOR: _____

DATE CASE ASSIGNED: _____

CONTINUATION FOR ADDITIONAL COMMENTS, SUSPECT OR WITNESS INFORMATION:

A series of 21 horizontal lines for writing.