

Date of Case Referral \_\_\_\_\_

Date of Form Completion (if different) \_\_\_\_\_

UNIFORM REPORT FORM FOR ADULT ABUSE, NEGLECT, AND EXPLOITATION

Adult's Name \_\_\_\_\_

aka \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_

CWD Number \_\_\_\_\_

Hospital OPD Number \_\_\_\_\_

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to Adult \_\_\_\_\_

Significant Other: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to Adult \_\_\_\_\_

Reported to CWD by:

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Active Agencies \_\_\_\_\_

Additional Comments \_\_\_\_\_

Description of Abuse/Neglect/Exploitation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where Seen \_\_\_\_\_

Date \_\_\_\_\_ Observed by: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to Adult \_\_\_\_\_

Suspected Abuser/Neglecter/Exploiter \_\_\_\_\_

Relationship to Adult \_\_\_\_\_

Ohio Revised Code with regard to Reports on Adult Abuse: Section 5101.61 (D) "Any person with reasonable cause to believe that an adult is suffering abuse neglect, or exploitation who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from such a report, or any employee of the state or any of its subdivisions who is discharging responsibilities under section 5101.62 of the Revised Code shall be immune from civil or criminal liability on account of such investigation, report, or testimony, except liability for perjury, unless the person has acted in bad faith or with malicious purpose." (E) "No employer or any other person with the authority to do so shall discharge, demote, transfer, prepare a negative work performance evaluation, or reduce benefits, pay, or work privileges, or take any other action detrimental to an employee or in any way retaliate against an employee as a result of the employee's having filed a report under this section."

Copy to: Original - County Welfare Department  
Copy #2 - Retain for Record

Mail completed form to:

Social Services  
Logan County Welfare Department  
211 East Columbus Avenue  
Bellefontaine, Ohio 43311

For information on form completion, contact:

Social Services Supervisor  
599-5165