

Appendix Four

ALLEGATION OF ABUSE ALERT FORM

This form is to be completed by the Co-ordinator, Nurse Manager, or equivalent level senior staff member of the service/organisation in accordance with the Guidelines for Reporting Abuse (**Section 6.6**).

It is important to note that neither the name(s) of the staff member(s) reporting the alleged abuse nor the name(s) of the alleged offender(s) should be used when completing this form.

Name of the Client :

Address :
.....
.....

Name of Supporting Organisation
where the alleged abuse occurred :.....

Please describe how the alleged abuse was discovered (include times, if possible).
.....
.....
.....

What is the nature of the alleged abuse ?

Physical Psychological Financial
Sexual Neglect

Please describe any physical injuries that the client received as a result of the alleged abuse.
.....
.....
.....

Guidelines for Reporting Abuse - Allegation of Abuse Alert Form

What action has been taken in response to the alleged abuse (please include the time when police, doctor, advocate or next of kin were contacted and when they arrived).

.....
.....
.....
.....

Is the alleged abuse the subject of a criminal investigation ? Yes No

If Yes, is the client willing to participate in the investigation ? Yes No

Is a Disability Advocate involved in supporting the client ? Yes No

If Yes, which Advocacy agency is providing the support ?.....

What action does your organisation/service intend to take to manage the situation and prevent the recurrence of the alleged abuse ?

.....
.....
.....
.....

Signed : Position : Date:

Received by: (Regional Manager, Disability Services)

Date :

Received (if applicable) by : (State Manager, Disability Services)

Date: