IOWA HHS

Iowa Department of Health and Human Services

Suspected Dependent Adult Abuse Report

This form may be used to report suspected dependent adult abuse with the Department of Health and Human Services. If your agency has a report form or letter format which includes all the information requested on this form, you may use the agency format in place of this form.

Fill in as much information under each category as is known. Submit the completed form **within 24 hours** if an oral report will not be made. The form may be sent to the Centralized Services Intake Unit via email to csiu@dhs.state.ia.us, or fax to (515) 564-4011, or mail to P.O. Box 4826, Des Moines, Iowa 50305.

Report Information

Name of Dependent Adult	Phone ( )	Birth Date	
Street	City	State	Zip Code
Person is a dependent adult because:			

Type of abuse noted:

- ❑ Physical assault
- ❑ Denial of critical care by dependent adult
- ❑ Exploitation
- ❑ Sexual offense
- ❑ Denial of critical care by caretaker
- ❑ Personal degradation
- ❑ Unreasonable punishment
- ❑ Unreasonable confinement

Information about suspected abuse: (Incidents, previous abuse, person responsible for abuse, name and address of guardian, etc.)

Caretaker: (Omit if deprivation is by the dependent adult.)

Name		Phone ( )	
Street	City	State	Zip Code
Person is a caretaker because:			

Reporter Information

Name	Position	Relationship to Adult
Office Address		Phone ( )
Names of other mandatory reporters who have knowledge of the abuse		
Signature of Reporter		Date
Report number provided by Intake:		