



**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
SOCIAL WORK SERVICES**

55 Farmington Avenue,  
Hartford, CT 06105-3730  
Phone: 1--888-385-4225  
Fax: 860-424-5091

W-410  
(Rev 7/18)

**MANDATED REPORTER FORM FOR LONG TERM CARE FACILITIES**

<b>Resident in Need of Protection Being Referred</b>		
Last Name: _____	First Name: _____	M.I.: _____
Date of Birth: ____/____/____	S.S. #: ____/____/____	Age: _____
<b>Long Term Care Facility</b>		
Name of Long Term Care Facility: _____		
Facility Address: _____		
Contact Person: _____		
Telephone: (        ) _____ Fax: (        ) _____		
Report of Suspected: _____ Abuse                  _____ Neglect                  _____ Exploitation                  _____ Abandonment Date of incident (if known): _____ Relationship of the alleged perpetrator to the resident (i.e. family, facility staff, other resident, etc.): _____ _____		
Who Has Been Notified / Involved? ____ CT Department of Social Services    ____ CT Department of Public Health    ____ State or Local Police		
If this is a resident/family complaint, has an offer been extended to contact the Long Term Care Ombudsman on their behalf? Yes, offer to contact LTC Ombudsman was extended <input type="checkbox"/> No; offer to contact LTC Ombudsman was not extended <input type="checkbox"/> Was offer to contact LTC Ombudsman accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide information regarding the nature and extent of the situation and any other details which might be helpful in investigating the case and protecting the resident. _____ _____ _____		
Investigation pending and summary to follow. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referral/Reporter Information: Name: _____ Address: _____ Telephone: (        ) _____ Fax: (        ) _____ Relationship to the Resident: _____ Date of Report: _____ Does the Reporter Wish to be: <input type="checkbox"/> Anonymous <input type="checkbox"/> Identified		

**Note: Incidents between residents need only be reported when the facility has determined that the resident has the capability to act intentionally, knowingly or recklessly, in accordance with definitions contained in Penal Code 531.3.  
TELEPHONE REPORTS ARE NOT ACCEPTABLE**