Massachusetts Executive Office of Aging & Independence

Abuse Against Older Adults Mandated Reporter Form

This form should be returned **within 48 hours** after verbal reports to the Central Intake Unit (Elder Abuse Hotline) report to the local Protective Service Agency. To find your local Protective Service Agency go to mass.gov/protectolderadults.

Reporter Information:

Name: _____

Occupation: _____

Agency: _____

Address: _____

Telephone Number: _____

Information about Older Adult Being Allegedly Abused or Experiencing Self-Neglect:

Legal Name: _____

Other Names Used (e.g. maiden name)_____

Permanent Address:_____

Temporary Address (if applicable):_____

Telephone Number: _____

Date of Birth (DOB) _____ If DOB unknown, Approximate Age: _____

Sex: _____

Is an interpreter needed? ☐ Yes ☐ No ☐ Don't know

If yes, which language?_____

Does the Older Adult use alternate communication methods or assistive devices (e.g. communication board)? ☐ Yes ☐ No ☐ Don't know

If yes, what are they?_____

Are there any reasonable accommodations needed for disability? ☐ Yes ☐ No ☐ Don't know

If yes, what are they?_____

_____

Does the Older Adult know a report is being made? ☐ Yes ☐ No

Description of alleged abuse incidents and/or conditions of self-neglect.

Include:

- Names
- Dates
- Times
- Specific facts

Any information about past incidents of abuse:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Agencies Involved with the Older Adult or Persons that have knowledge about the situation:

Name _____ Age _____ Relationship _____
Address _____ Phone _____
Name _____ Age _____ Relationship _____
Address _____ Phone _____

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Address _____ Phone _____

Immediate Needs and Risks

Is medical treatment required immediately? ☐ Yes ☐ No ☐ Possibly

Describe treatment needed or already received:

_____
_____
_____
_____

Does the reporter believe the situation is an emergency? ☐ Yes ☐ No ☐ Possibly

Describe the risk of death or immediate and serious harm:

_____
_____
_____
_____

Are there any additional safety concerns the Protective Service Agency should know about?

_____
_____

Additional information or comments:

_____
_____
_____
_____
_____

Signature of Reporter _____

Updated April 2026

Dear Mandated Reporter:

If you called the Central Intake Unit to make a report of suspected abuse, neglect, or self-neglect against an adult 60 years or older, you must also complete the enclosed Abuse against Older Adults Mandated Reporter Form. Please remember, in an urgent situation, you must report by immediately calling the Central Intake Unit at 1-800-922-2275. You should only use the online portal to report if the situation is not urgent.

If you called the Central Intake Unit to report, submit this form, within 48 hours, to the designated protective service agency. To find the designated protective service agency serving your area go to mass.gov/protectolderadults. M.G.L. c19A (Ch. 604 of the Acts of 1982) requires that reporters file a written report to one of the Executive Office's designated agencies within forty-eight (48) hours of the oral report. Please use the enclosed form to file your written report and complete this form to the best of your ability. This law states that: No person required to report pursuant to the provision of subsection (a) shall be liable in any civil or criminal action by reason of such report pursuant to the provision of subsection (b) or (c) shall be liable in any civil or criminal action by reason of such report if it was made in good faith. No employer or supervisor may discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation, or take any other action detrimental to an employee or supervisee who files a report in accordance with the provision of this section by reason of such report. The designated protective service agency will advise you of the response to your request within forty-five (45) days of your oral response. Thank you for your cooperation in reporting elder abuse. Please feel free to contact the designated protective service agency in your area. if you have any further questions.

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