



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](mailto: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:	<input type="checkbox"/> Physical assault	<input type="checkbox"/> Denial of critical care by dependent adult			
<input type="checkbox"/> Exploitation	<input type="checkbox"/> Sexual offense	<input type="checkbox"/> Denial of critical care by caretaker			
<input type="checkbox"/> Personal degradation	<input type="checkbox"/> Unreasonable punishment	<input type="checkbox"/> Unreasonable confinement			
Information about suspected abuse: (Incidents, previous abuse, person responsible for abuse, name and address of guardian, etc.)					
Caretaker: (Omit if deprivation is <u>by</u> 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:			