

Notification to Law Enforcement

Please type or print

TO: Police Dept. Sheriff Dept. County Atty. District Atty. Attorney General

Police or Sheriff Dept.: _____ County or District Atty.: _____

From: _____ SRS Service Center: _____ Date: _____

The Department of Social and Rehabilitation Services (SRS) has received a report of abuse, neglect, or exploitation of an adult, which is being reported to you in accordance with the state statute regarding Reporting Abuse, Neglect, or Exploitation of Certain Persons. **Your review of this matter is requested. If your agency plans to proceed with an investigation or other action, please contact us.**

Date report received by SRS: _____

Allegation Type(s): Abuse Neglect Exploitation Fiduciary Abuse Sexual Abuse

Allegation Information (Please type a summary of the allegation):

Social Worker requesting Law Enforcement accompany on Home Visit

SRS is mandated to initiate an investigation within: 24 hrs. 3 days 5 days

Please notify us immediately if you DO NOT want SRS to proceed without coordinating our investigation with your department.

INVOLVED ADULT INFORMATION (Please Type):

Name (Last, First): _____ DOB/Age: _____ M F

Address: _____ Apt. #: _____ City/County: _____ Zip: _____

Phone: _____

ALLEGED PERPETRATOR INFORMATION (Please Type):

Name (Last, First): _____ DOB/Age: _____ M F

Address: _____ Apt. #: _____ City/County: _____ Zip: _____

Report submitted by: _____ Phone: _____ Fax: _____

If this form is being completed at intake, please attach a copy to the ES1000/1001