IMMEDIATE FAX REPORTING OF ALLEGATIONS - NURSING HOME PROGRAM

This form must be completed in its entirety and faxed to (304) 558-2515.

Please type or print legibly

Facility Name: _____ (Do Not Abbreviate)

Alleged Victim Name: _____ Date of Birth: _____ Gender: _____

Alleged Perpetrator Name: _____ SS#: _____

Position/Title: _____ (Do Not Abbreviate)

Allegation Information

Date of Incident: _____ Time of Incident: _____ a.m. / p.m. Location of incident: _____

Brief description of the incident: _____

_____

_____

_____

_____

_____

_____

_____

List all additional referrals made by the facility (e.g., licensing boards, law enforcement, etc):

_____

Immediate action(s) taken to protect resident(s): _____

_____

Person Completing This Form: _____ Position/Title: _____

Telephone Number: _____ Time for Contact: _____

Signature: _____ Date: _____