

**REPORT ON RECIPIENT ABUSE**  
**(as required by Public Act 224 of 1986)**

**IN THE MATTER OF:**

Name of Recipient/Resident: \_\_\_\_\_

Person/Agency Responsible  
for the Recipient/Resident: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**TO:**

Law Enforcement Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Follow-up to an oral report given to your agency on \_\_\_\_\_

**REPORT OF SUSPECTED ABUSE**

Alleged abuser(s): \_\_\_\_\_

Please indicate cause and manner of abuse and where incident occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reporting Person

\_\_\_\_\_  
Date

Copy to: Recipient Rights Office