

## STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

## **Report Form For Protective Services For The Elderly**

W-675 (Rev 6/23) If you believe or suspect that an elderly person is being abused, neglected, exploited, or abandoned, you can:

- During business hours, call the Protective Services for the Elderly at the toll-free line: 1-888-385-4225
- After business hours, weekends, or state holidays, call the Info-line at 211
- Complete this form and click on Submit. Or email to DSS Central Office at PSEReferrals.DSS@ct.gov
- Complete this form, print it and mail to DSS/PSE, 55 Farmington Avenue, Hartford, CT 06105
- Complete this form, print it and fax to 860-424-5091
- Please report same concerns once and not through multiple means

Pursuant to Sec. 17b-451 of the Connecticut General Statutes, certain individuals are mandated to report suspected abuse, neglect, exploitation, or abandonment. If you are making a written referral, complete this form giving as much information as possible.

RELEVANT PERSONS (In-Home or Not in Home)  Name Relationship Relationship Current Address Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)	State	Alt Phone (in		
Street Address  City  RELEVANT PERSONS (In-Home or Not in Home)  Name  Relationship  Current Address  Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)	State  a code)			· · · · · · · · · · · · · · · · · · ·
Street Address  City  RELEVANT PERSONS (In-Home or Not in Home)  Name  Relationship  Current Address  Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)	State  a code)			· · · · · · · · · · · · · · · · · · ·
Street Address  City  RELEVANT PERSONS (In-Home or Not in Home)  Name  Relationship  Current Address  Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)	State  a code)			,
RELEVANT PERSONS (In-Home or Not in Home)  Name Relationship Relationship Current Address Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)	a code)	(if known)	Zip	Code
RELEVANT PERSONS (In-Home or Not in Home)  Name Relationship Relationship Current Address Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)	a code)	(if known):	2-14	Couc
Name  Relationship  Current Address  Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)		(if known)		
Name Relationship Relationship Current Address Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)		(if known)		
Relationship  Current Address  Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)		(if known)		
Current Address  Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)		(if known)		
Phone (include area code)  Phone (include area code)  REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)		(if known):		
REFERRAL INFORMATION (Check all the appropriate categories, not mutually exclusive)		(if known):		
	ged Incident	(if known):		
Abuse Neglect Exploitation Abandonment Date of Alle	ged Incident	(if known):		
Date of Aile		(II KHOWII).		
Details of the alleged incident				
Name of Suspected Perpetrator(s): Self Unknown Relationship to Elder: Self Unk				Unknown
Is State or local police involved? Yes No Unknown Elder has Physical Problems? Yes No Unknown			Unknown	
Official's Name, Agency, Address and Phone If Yes, give details of physical problems				
DEFENDAL COURSE				
REFERRAL SOURCE  Name  Address (Street, City, St	ate Zin)			
Address (Street, City, St	ate, Zip)			
Do you wish to be? Relationship to Elder	Relationship to Elder Phone (for follow		r follow-u	p if needed)
Anonymous Identified Not Identified				1
L		1		
Printed Name Date	n the above	information	is true ar	nd accurate.
Persons who are deaf or hard of hearing and have a TRD/TTY device can contact D	00 . ( 1 000			

Please use this space to document additional details about the referral (ex. incident, risks in environment, relevant persons, perpetrators, physical problems)