

**FACILITY SUSPECTED CRIME REPORT UNDER ELDER JUSTICE ACT  
Draft AHCA Template**

**INSTRUCTIONS:** Submit this completed form to local law enforcement and your state survey agency by fax or email within **2 hours** (if there is serious bodily injury) or **24 hours** (if there is not serious bodily injury) of forming a reasonable suspicion that a crime may have been committed against any individual who is a resident of, or is receiving care from [FACILITY NAME].

**[FACILITY NAME] CONTACT:**

[ADMINISTRATOR] \_\_\_\_\_  
 [ADDRESS] \_\_\_\_\_  
 [PHONE] \_\_\_\_\_  
 [FAX] \_\_\_\_\_  
 [EMAIL] \_\_\_\_\_

Reported to State Survey Agency? Yes  No

Date Reported: / / Time: \_\_\_\_\_

**[STATE SURVEY AGENCY] CONTACT:**

[ADDRESS] \_\_\_\_\_  
 \_\_\_\_\_  
 [PHONE] \_\_\_\_\_  
 [FAX] \_\_\_\_\_  
 [EMAIL] \_\_\_\_\_

Reported to the Local Law Enforcement? Yes  No

Date Reported: / / Time: \_\_\_\_\_

**[LOCAL LAW ENFORCEMENT] CONTACT:**

[ADDRESS] \_\_\_\_\_  
 \_\_\_\_\_  
 [PHONE] \_\_\_\_\_  
 [FAX] \_\_\_\_\_  
 [EMAIL] \_\_\_\_\_

**SUMMARY OF SUSPECTED CRIME INVOLVING [RESIDENT NAME] and [DATE OF BIRTH], as well as a brief description of the location of the incident and, if available, the names of any individuals involved in the suspected crime. (Attach additional sheets if necessary. No. of pages attached \_\_\_)**

**Was there serious bodily injury? No \_\_\_ YES \_\_\_ (must be reported within 2 hours)**

**INDIVIDUAL[S] REPORTING**

THIS REPORT IS MADE BY THE FACILITY ON BEHALF OF ALL COVERED INDIVIDUALS LIST BELOW.

Name:	Date/time individual became aware of suspected crime
1.	Date: / / Time: _____
2.	Date: / / Time: _____
3.	Date: / / Time: _____
4.	Date: / / Time: _____
5.	Date: / / Time: _____
6.	Date: / / Time: _____
7.	Date: / / Time: _____
8.	Date: / / Time: _____

NOTE: This report is required by law where a suspicion of crime has occurred and is in no way an admission by the person[s] submitting the report that a crime has actually occurred.