

**County of San Bernardino  
Department of Behavioral Health**

**Reporting Dependent Adult/Elder Abuse and Neglect  
Procedure**

Effective Date 7/91  
Revision Date 7/28/08



**Allan Rawland**

**Purpose** To inform Department of Behavioral Health (DBH) staff of the proper manner in which to report actual or suspected dependent adult/elder abuse and neglect (as described in the [Reporting Dependent Adult/Elder Abuse and Neglect Policy](#)).

**Procedure** The information below illustrates the reporting procedure to be followed:

Step	Action									
	Report must be made accordingly:									
	<table border="1"> <thead> <tr> <th data-bbox="574 991 1012 1023">If...</th> <th data-bbox="1012 991 1452 1023">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="574 1023 1012 1166">The abuse occurred in a long-term care facility</td> <td data-bbox="1012 1023 1452 1166">Report to the long term care ombudsperson program or to a local law enforcement agency</td> </tr> <tr> <td data-bbox="574 1166 1012 1406">The abuse occurred in a state Department of Mental Health or state Department of Developmental Services facility</td> <td data-bbox="1012 1166 1452 1406">Report to the designated investigator of the state Department of Mental Health or the state Department of Development Services, or to a local law enforcement agency, or to the local ombudsperson</td> </tr> <tr> <td data-bbox="574 1406 1012 1649">The abuse occurred elsewhere</td> <td data-bbox="1012 1406 1452 1649">Report to the County of San Bernardino's Department of Adult and Aging Services (DAAS), Adult Protective Services Division at (877) 565-2020</td> </tr> </tbody> </table>	If...	Then...	The abuse occurred in a long-term care facility	Report to the long term care ombudsperson program or to a local law enforcement agency	The abuse occurred in a state Department of Mental Health or state Department of Developmental Services facility	Report to the designated investigator of the state Department of Mental Health or the state Department of Development Services, or to a local law enforcement agency, or to the local ombudsperson	The abuse occurred elsewhere	Report to the County of San Bernardino's Department of Adult and Aging Services (DAAS), Adult Protective Services Division at (877) 565-2020	
If...	Then...									
The abuse occurred in a long-term care facility	Report to the long term care ombudsperson program or to a local law enforcement agency									
The abuse occurred in a state Department of Mental Health or state Department of Developmental Services facility	Report to the designated investigator of the state Department of Mental Health or the state Department of Development Services, or to a local law enforcement agency, or to the local ombudsperson									
The abuse occurred elsewhere	Report to the County of San Bernardino's Department of Adult and Aging Services (DAAS), Adult Protective Services Division at (877) 565-2020									

*Continued on next page*

**County of San Bernardino  
Department of Behavioral Health**

**Reporting Dependent Adult/Elder Abuse and Neglect  
Procedure, Continued**

Procedure (continued)

<b>Step</b>	<b>Action</b>
2	A telephone report must be made immediately or as soon as possible after receiving the information concerning the incident, and it must include: <ol style="list-style-type: none"><li>1. Name of person making the report<ul style="list-style-type: none"><li>• If the reporter is not a mandated reporter, he/she is not required to give a name</li><li>• If a name is given, the reporter's identity is confidential and disclosed only under limited circumstances</li></ul></li><li>2. The name and age of the elder or dependent adult</li><li>3. The present location of the elder or dependent adult</li><li>4. The names and addresses of family members or any other adult responsible for the elder's or dependent adult's care</li><li>5. The nature and extent of the elder's or dependent adult's condition</li><li>6. The date of the incident, or incidents</li><li>7. Any other information requested, including information that led the person to suspect or believe the elder or dependent adult was/is being abused</li></ol>
3	A written report must be made within two (2) working days of the telephone report on the State of California <a href="#">Report of Suspected Adult/Elder Abuse</a> form, and sent to the appropriate agency.
4	All actions taken by staff shall be documented in the patient's medical record.  A copy of the report form shall be filed in the legal section of the chart.

**Note:** If the conduct involves criminal activity not constituting abuse, it may also be immediately reported to the appropriate law enforcement agency.