

# Allegation of Abuse Report Form

**INSTRUCTIONS: See Environmental Health Manual Procedure CSFP-146 before completing this form.**

**A. FACILITY INFORMATION**

Facility Name: \_\_\_\_\_ Facility Code: \_\_\_\_\_  
 Facility Type:  Day  Overnight  Municipal Day Camp Are 20% or more of the campers developmentally disabled?  Yes  No Date Reported \_\_\_/\_\_\_/\_\_\_

**B. EVENT INFORMATION**

**eHIPS Incident Number:- \_\_\_\_\_ (Note: eHIPS will assign when entered into system)**

Note: If reportable injuries occurred as a result of this incident, complete an injury report form as well

Date of Incident \_\_\_/\_\_\_/\_\_\_ Time of Occurrence \_\_\_:\_\_\_ (Military time) Location where abuse occurred: \_\_\_\_\_ a. In-Camp b. Out-of-Camp

Where did injury occur? \_\_\_\_\_ Specify for locations marked with an asterisk: \_\_\_\_\_  
 a. Amusement park e. Arts & crafts i. Classroom m. Horseback area/trail q. Outdoor sports area u. Recreational hall y. Tenting/campsite area  
 b. Aquatic area\* f. Assembly area j. Cookout area n. Indoor sports area r. Parking lot v. Riflery area z. Other\*  
 c. Aquatic theme park g. Bathroom/shower k. Dining area o. Kitchen area s. Playground w. Ropes/challenge course  
 d. Archery area h. Camp/trail/road l. Drama/stage area p. Open field/lawn\* t. Public highway/road x. Sleeping area

Nature of Allegation: \_\_\_ Physical Abuse \_\_\_ Sexual Abuse \_\_\_ Both Physical and Sexual Abuse

Note: For multiple victim abuse incidents, attach additional sheets containing victim information.

**C.1. VICTIM INFORMATION - Material in shaded area is confidential eHIPS Victim ID Number: \_\_\_\_\_ (Note: eHIPS will assign when entered into system)**

Name of Victim (Last, First, MI): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name of Parent or Guardian (Last, First, MI): \_\_\_\_\_ Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Note: All the above information must be collected and maintained by LHD for appropriate investigation and follow-up.

Age: \_\_\_\_\_ Sex:  Female  Male

Status:  Camper  Developmentally Disabled Camper  CIT/Jr. Counselor  Counselor  Other Staff\*  Other\* Specify \_\_\_\_\_

What was the victim doing? \_\_\_\_\_

a. Amusement park rides	h. Classroom instruction	o. Free period	v. Nature study/walk	dd. Swimming
b. Aquatic theme park rides	i. Cooking	p. Games-organized*	w. Playground equipment activity	ee. Transportation
c. Archery	j. Court/field sports*	q. Gymnastics	x. Playing	ff. Travel between activities
d. Arts & crafts	k. Dancing/Acting	r. High adventure activity	y. Riflery	gg. Walking/Running
e. Bicycling	l. Diving	s. Hiking	aa. Rollerskating/rollerblading	hh. Woodcarving/Wood working
f. Boating/Canoeing	m. Eating	t. Horseback riding	bb. Ropes/Challenge course	ii. Woodcutting/chopping
g. Chores	n. Fighting	u. Martial arts	cc. Sleeping	z. Other *
				* Specify _____

**2. Victim Information- (Complete for multiple victims)**

**Number of campers:** male \_\_\_\_\_ female \_\_\_\_\_ **Number of staff:** male \_\_\_\_\_ female \_\_\_\_\_ **Number of others:** male \_\_\_\_\_ female \_\_\_\_\_

