

### Substantiation Notification to Law Enforcement

**\*Please Print\***

To:  Police Dept.  Sheriff Dept.  County Atty.  District Atty.  Attorney General

Police or Sheriff Dept.: \_\_\_\_\_ County or District Atty.: \_\_\_\_\_

From: \_\_\_\_\_ SRS Service Center: \_\_\_\_\_ Date: \_\_\_\_\_

The Department of Social and Rehabilitation Services (SRS) has received and investigated a report of abuse, neglect, or exploitation of the involved adult named below. **The finding from the investigation was a substantiation.** This information is being provided to the Attorney General's office, and you may be contacted in regard to it. Your review of this matter is requested. If your agency has not been involved, and plans to proceed with an investigation or other action, please contact us.

Date report received by SRS: \_\_\_\_\_

Allegation Type(s):  Abuse  Neglect  Exploitation  Fiduciary Abuse  Sexual Abuse

Basis for Substantiation:

Social Worker requesting Law Enforcement accompany on Home Visit

SRS is mandated to initiate an investigation within:  24 hrs.  3 days  5 days

Please notify us immediately if you DO NOT want SRS to proceed without coordinating our investigation with your department.

**INVOLVED ADULT INFORMATION:**

Name (Last, First): \_\_\_\_\_ DOB/Age: \_\_\_\_\_ M  F

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**ALLEGED PERPETRATOR INFORMATION :**

Name (Last, First): \_\_\_\_\_ DOB/Age: \_\_\_\_\_ M  F

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/County: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Involved Adult: \_\_\_\_\_

Report submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_