

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 y. Riflery 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 _____

