# **FAQ for Submitting Online Reports**

# **Data Requirements for Public Reporting**

Be aware that some information is only required in specific scenarios, while other information is required for every report of abuse.

#### **Victim Information**

The following information is required for every report of abuse

- · Victim First Name
- Victim Last Name
- Victim Age This information is required even if you have the Date of Birth. If you are unsure, an approximate age is acceptable.

#### Suspected Abuser Information (if applicable)

The following information is required **only when** the report of abuse involves a suspected abuser or you have indicated abuse by another in the Allegations section.

Last Name of Suspected Abuser – If you are unsure, descriptions such as "Unknown Male" are acceptable.

#### Your Information

The following reporter information is required for every report of abuse

- First Name
- Last Name
- Relationship to Victim Must be answered even if the response is "None."
- Email Address
- Work Place
- Occupation
- · Address, including State In the event that your address is the same as the Alleged Victim, you may select the "Lives with Client" checkbox to automatically copy the address you have entered under Victim details.

#### **Incident Information**

The following information is required for every report of abuse

Address of Incident Location

## **Allegations**

- · You are required to select at least one specific allegation in order to submit a report of abuse, whether that be a Self Neglect Allegation or an allegation of Abuse Perpetrated by Others.
- Be aware that when selecting an Abuse Perpetrated by Others allegation, the form will require a Suspected Abuser to be listed on the report.

#### **Situation Being Reported**

The public reporting form requires a narrative explanation of the situation being reported.

### Other Person Details (if applicable)

The following information is required **only when** you have information for others that are pertinent to the report of abuse.

Last Name

## Reporting to Other Agencies (if applicable)

The following information is required **only when** you are submitting the report to other agencies besides APS. If you are only submitting to APS this section is not required.

- Agency Name
- · Contact Method Once you have selected an agency, the form will require you specify how the agency was contacted (via Mail or Fax)
- · Contact Date Once you have selected an agency, the form will also require you to specify the date of contact

# **Acknowledgements**

The following information is required for every report of abuse

- · You must select the checkbox to acknowledge that your report of abuse does not require an emergency response.
- · You must select the checkbox to acknowledge your understanding that the report has not been submitted unless you see a confirmation message.

# **Confirmation of Your Submitted Report**

#### **Submission Successful**

Upon successful submission, you will be directed to a confirmation screen (see image below). You will see a button to download a copy of your report.

Incident Confirmation	
We have received your information and will begin reviewing it shortly.	
PRINT THE 341 FOR	YOUR RECORDS
Note that the Report ID is listed at the bottom of this form.	
K. AGENCY USE ONLY TELEPHONE REPORT WRITTEN REPORT	
REPORT RECEIVED BY:	DATE/ TIME: 11/16/2017 06:00:14 AM
2. ASSIGNED Immediate Response Ten-Day Response No Initial Response (NIR) Not APS Not Ombudsman No Ten-Day (NTD)	
Approved by: Ass	igned to (optional):
3. Cross-Reported to:  CDHS, Licensing & Cert;  CDSS-CCL;  Local Ombudsman;  Bureau of Medi-Cal Fraud & Elder Abuse;  CA. Dept. State Hospitals;  Law Enforcement;  Professional Licensing Board;  CA. Dept. of Developmental Services;  APS  Other (Specify) Date of	
4. APS/Ombudsman/Law Enforcement Case File Number: ReportID #546313	
SOC 341 (3/15	

# Report Not Submitted

If you do not see a confirmation screen after clicking Submit, it is likely that one of the data requirements was not met. You should see the missing requirements appear in red at the top of the screen. You can use the requirements listed in this document to check your report for completeness and try to Submit again until you are directed to the confirmation page.



#### Other Frequent Reasons for Failure to Submit

- You may have entered too few digits in the Zip Code field on one of the addresses.
- You may have entered a non-numeric character in the Victim Age field (ex: 65+).