



**Tennessee Department of Mental Health
Office of Licensure and Review**

Twelfth Floor, Andrew Johnson Tower, 710 James Robertson Parkway, Nashville, Tennessee 37243-1219
(615) -532-6590 Phone • (615) 532-7856 Fax

ALLEGATION/SUSPICION OF NEGLECT/ABUSE/DERELICTION

For use by TDMH Licensed Facilities/Services

Date of This Report:

Licensee:

Facility Location:

Reporting Person:

Title:

Facility Email address:

Service Recipient's Name:

Gender:

D. O. B.:

Date of Alleged/Suspected Incident:

Location of Alleged/Suspected Incident:

Date/Time Incident Became Known to Staff:

Detailed Description of Incident:

Action Taken/Follow-up:

Person/Organization Notified:

Position:

Notification Date

Note: Additional pertinent information attached as necessary.