

**REPORT OF SUSPECTED ABUSE OR NEGLECT OF AN ADULT WITH INTELLECTUAL DISABILITY**



**PA 6 Form-Revised 12/22/23**  
**State of Connecticut**  
**Department of Developmental Services**  
**Abuse Investigation Division (AID)**  
**460 Capitol Avenue, 3<sup>rd</sup> Floor**  
**Hartford, CT 06106**  
[DDS.AID@CT.GOV](mailto:DDS.AID@CT.GOV)  
**Telephone number: 1-844-878-8923 (toll free)**

In cases of suspected abuse or neglect, an **ORAL REPORT SHOULD BE MADE IMMEDIATELY TO THE ABUSE INVESTIGATION DIVISION** of the Department of Developmental Services at the number listed above. Written reports using this form must be submitted within five (5) calendar days of the oral report. (See C.G.S. §§ 46a-11b.)

**Reporter:** Send original to the above address. You may make a copy for your records.

**Individual being referred (alleged victim of abuse or neglect):**

|  |  |        |                              |     |
|--|--|--------|------------------------------|-----|
| (Last Name)                                | (First Name)                           | (M.I.) | Date of Birth (Mo./Day/Year) | Age |
| Address (No. & Street)                     | (City or Town)                         |        | Telephone Number             |     |
| Parents, Guardian or Caretaker Name (s)    | Address (If different)                 |        |                              |     |
| Name of Suspected Perpetrator(s), if known | Address                                |        |                              |     |
| Date (s) of Suspected Abuse or Neglect     | Oral report made to (AID Investigator) |        | Date of oral report          |     |

Reasons for believing alleged victim is a person with an intellectual disability:

Information supporting alleged victim's inability to substantially protect himself/herself from abuse or neglect:

Nature of extent of suspected abuse or neglect and supporting information (attach additional sheets if necessary)

|                               |  |   |
|-------------------------------|--|---|
| <b><u>Referral Source</u></b> | Does reporter wish to be notified of action?<br>Y    N | Does reporter wish to remain anonymous?<br>Y    N |
| Reporter's name/agency        | Address  | Telephone Number                                  |

|                      |                                 |      |
|----------------------|---------------------------------|------|
| Reporter's Signature | Title, Position or Relationship | Date |
|----------------------|---------------------------------|------|