

# TRANSMITTAL COVER SHEET

From:

*(Please insert the name and address of your local police or sheriff's department)*

Phone:

Fax:

## **CROSS REPORT AND LOCAL LAW ENFORCEMENT RESPONSE TO KNOWN OR SUSPECTED ELDER OR DEPENDENT ADULT ABUSE OCCURRING IN A LONG-TERM CARE FACILITY**

This transmittal cover forwards a State of California Report of Suspected Dependent Adult/Elder Abuse (SOC 341) pursuant to Welfare and Institutions Code sections 15640(b) and 15630(b)(1)(A)(iv), which require cross-reporting by local law enforcement agencies and suggest the coordination of efforts to provide the most immediate and appropriate response to reports of abuse occurring in long-term care facilities.

To: *Ombudsman Services of Northern California  
3950 Industrial Blvd. Suite 500 West Sacramento, CA 95691*

Fax: *(916) 376-8914*

Date:

Police or Sheriff's Department Complaint #:

### **Law enforcement will be responding to this complaint:**

**No- Not at this time**

**Yes- The assigned officer is:**

**Contact phone number is:**

COMMENTS:

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