

Mandatory Abuse Reporting Notice

As an employee of the State Operated Community Programs (SOCP), an agency serving adults who are mentally ill or developmentally disabled, you are a “mandatory reporter” according to Oregon law (ORS 430-765).

According to the law, if you have reasonable cause to believe that an adult who is mentally ill or developmentally disabled has suffered abuse or that any person with whom you have contact in your job has abused such an adult, you must immediately report the following kinds of abuse to the local county mental health program, local law enforcement agency (police department, sheriff’s office, Oregon State Police or any district attorney) and then report it to your employer or supervisor:

1. Any physical injury caused by other than accidental means, or that appears to be at variance with the explanation given of the injury;
2. Willful infliction of physical pain or injury;
3. Sexual harassment or exploitation including, but not limited to, any sexual contact between an employee of a community facility or community program, or service provider, or other staff and the adult. Sexual exploitation also includes failure of staff to discourage sexual advances towards staff by adults served. For situations other than those involving an employee, service provider, or other staff and an adult, sexual harassment or exploitation means unwelcome verbal or physical sexual contact including requests for sexual favors and other verbal or physical conduct directed toward the adult; and
4. Death caused by other than accidental or natural means or occurring in unusual circumstances.

If you ask, your identity as the person making the report will be treated as confidential information when you call.

You must also immediately report to your supervisor or the local community mental health program:

If you have reasonable cause to believe that an adult who is mentally ill or developmentally disabled has suffered neglect, verbal mistreatment or financial exploitation.

If you feel you have been retaliated against, you have the right to seek private legal action. Any agency, program or person who retaliates against someone because of a good faith report of suspected abuse or neglect may be liable for damages.

By signing this form, you are saying you understand the information on the form. If you do not understand the information, ask to have the form explained to you before you sign it. You will be asked to sign this form every year you work for the agency. This form will become a part of your personnel record.

Employee Acknowledgment

I have received training by this agency about what abuse and neglect means. I was trained about abuse and neglect on _____ (date).

I have received a copy of a card that explains I am a mandatory reporter and who to call if I suspect abuse or neglect. I received this card on _____ (date).

Printed Name

Signature

Date

The law also protects you and the adult who may have been abused from retaliation when you make a report in good faith. You may not be discharged or transferred from one location of an agency to another (except for clinical reasons), terminated from your job, demoted or have your pay lowered, or denied contact with the facility or its residents because you made a good faith report of suspected abuse.