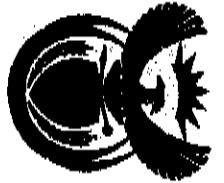


MHCA 02



DEPARTMENT OF HEALTH

REPORT ON EXPLOITATION, PHYSICAL OR OTHER ABUSE, NEGLECT OR
DEGRADING TREATMENT OF A MENTAL HEALTH CARE USER

[Section 11(2) of the Act]

I
(name)

..... (address)

hereby declare that I have witnessed exploitation, physical or other abuse, neglect or degrading treatment of the following mental health care user:

(where known)

Surname of user

or estimated age

Date of birth

Gender: Male Female

Marital status: S M D W

Occupation

Residential address:

.....
.....
.....
.....
.....

Name of health establishment or other place where exploitation, physical or other abuse, neglect or degrading treatment occurred

Address:

.....
.....
.....
.....
.....

2

Description of exploitation, physical or other abuse, neglect or degrading treatment:

Print initials and surname.....

Signature: _____

(person who witnessed abuse)

Date: _____