



DEPARTMENT OF HEALTH  
Mental Health Services

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]

.....  
..... (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

Occupation ..... Marital status:  S  M  D  W

Residential address: .....

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.....

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

Address: .....

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

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Print initials and surname.....

Signature: .....  
(person who witnessed abuse)

Date: .....