



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

**Date:**

**To:**

## Notice Concerning Suspected Abuse

**Concerning:** [alleged abused dependent adult]

**County:**

**State ID:**

The Abuse Intake Unit received and accepted for evaluation or assessment a report of abuse regarding the person named above. I think you may have relevant and useful information regarding the concerns reported regarding this person.

You may release information to me without a signed release of information, pursuant to Iowa Code section 235B.3, paragraph 9, which states, "*The department may request information from any person believed to have knowledge of a case of dependent adult abuse. The person, including but not limited to a county attorney, a law enforcement agency, a multidisciplinary team, a social services agency in the state, or any person who is required pursuant to subsection 2 to report dependent adult abuse, whether or not the person made the specific dependent adult abuse report, shall cooperate and assist in the evaluation upon the request of the department.*"

Please call me at the number listed below.

Sincerely,

[worker name]  
Adult Protective Services Worker  
[phone number]