



Vulnerable Adult Exploitation Report Form

Mandated Reporter: _____

Company: _____ Job Title: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Phone Number: _____ Ext.: _____

Secondary Phone Number: _____ Ext.: _____

Email Address: _____ Best Time to Contact: _____

Incident Information

Incident Date: _____ Has Law Enforcement been involved? _____

Incident Type: Exploitation

Incident Subtype: _____

Incident Description: _____

Alleged Victim Information

First Name: _____ Last Name: _____ Middle Initial: _____

Gender: _____ Date of Birth: _____ Approximate Age: ____ Last four-digits of SSN: _____

Physical Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Phone Number: _____ Ext.: _____

Secondary Phone Number: _____ Ext.: _____

Email Address: _____

Alleged Victim's Present Location (if different from above address): _____

Living Arrangements: _____

Vulnerable Condition: _____

Does the Alleged Perpetrator have access to the Alleged Victim? _____

If yes, please describe. _____

Language Spoken: _____ Interpreter/Translator Needed? _____

Alleged Perpetrator Information

Is the Alleged Perpetrator unknown? _____

First Name: _____ Last Name: _____ Middle Initial: _____

Gender: _____ Date of Birth: _____ Approximate Age: _____ Last four-digits of SSN: _____

Physical Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Phone Number: _____ Ext.: _____

Secondary Phone Number: _____ Ext.: _____

Email Address: _____

Does the Alleged Perpetrator have access to the Alleged Victim? _____

Relationship to Alleged Victim? _____

Other Possible Participant Information

First Name: _____ Last Name: _____ Middle Initial: _____

Gender: _____ Date of Birth: _____ Approximate Age: _____ Last four-digits of SSN: _____

Physical Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Phone Number: _____ Ext.: _____

Secondary Phone Number: _____ Ext.: _____

Email Address: _____

Does the Possible Participant have access to the Alleged Victim? _____

Relationship to Alleged Victim? _____