



## 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? \_\_\_\_\_