



Securities Division
Vulnerable Adult Financial Exploitation Report Form

Mandated Reporter: _____

Company: _____

Reporter's Name: _____

Address (for document request and official correspondence): _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Ext.: _____

Secondary Phone Number: _____ Ext.: _____

Email Address: _____

Incident Information

Incident Date: _____ Incident Type: _____

Has SC Adult Protective Services been notified?

Has Law Enforcement been notified?

Incident description:

Has a hold been placed on any accounts or transactions?

If yes, on what date was the hold placed? _____ Expiration date of hold: _____

Alleged Victim Information

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Last 4 digits of SSN: _____

Address: _____

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

Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

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

Trusted Contact or Power of Attorney Information

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Last 4 Digits of SSN: _____

Address: _____

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

Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Alleged Perpetrator Information

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Last 4 Digits of SSN: _____

Address: _____

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

Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Relationship to Alleged Victim: _____

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

Please detail any further information as well as any additional known parties or participants below ***OR*** in an email to the Securities Division when you submit this form.