



**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.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_