



**Securities Division
Vulnerable Adult Exploitation Report Form**

Mandated Reporter: _____

Company: _____

Reporters First Name: _____ Reporters Last name: _____

Address (for document request & official correspondence): _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ Ext.: _____

Secondary Phone Number: _____ Ext.: _____

Email Address: _____

Incident Information

Incident Date: _____ Has APS been notified?

Has Law Enforcement been involved?

Incident Type:

Incident Description: _____

Has a hold been placed on any accounts or transactions?

If yes, what date has the hold placed? _____

And when will it expire? _____

Alleged Victim Information

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

Date of Birth: _____ Last four-digits of SSN: _____

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): _____

Trusted Contact or Power of Attorney Information

First Name: _____ Last Name: _____ Middle Initial: _____
Date of Birth: _____ Last four-digits of SSN: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Phone Number: _____ Ext.: _____
Secondary Phone Number: _____ Ext.: _____
Email Address: _____

Alleged Perpetrator Information

First Name: _____ Last Name: _____ Middle Initial: _____
Date of Birth: _____ Approximate Age: _____ Last four-digits of SSN: _____
Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Contact Phone Number: _____ Ext.: _____
Secondary Phone Number: _____ Ext.: _____
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 more known parties or participants in an email to the division when you submit this form.