

## Senior/Vulnerable Client Exploitation Internal Reporting Form

### Reporter Information

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Last Name:

First Name:

Telephone:

Email Address:

Date of filing (mm/dd/yy):     /     /

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### Senior Client Information

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Name:

Street Address:

Unit #:

Telephone:

Email Address:

Account Number:

Trusted Contact on Account:

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### Details of the Report

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Occurrence Date (mm/dd/yy):     /     /

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Do you suspect that your client is being exploited?: Yes  No

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Describe why you suspect exploitation and who you suspect is doing the exploiting:

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**Details of the Report (continued)**

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Observations about senior client's cognitive functioning (e.g., diminished capacity):

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Has a government authority already been contacted about this matter? Yes  No

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If yes, please list the agency and who at the agency was contacted:

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Identify any materials or documents which support the report:

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Additional Relevant Information:

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**Affirmation of Information Stated Within**

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I hereby declare that the information contained herein is true, correct and complete to the best of my knowledge, information and belief.

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Print Name:

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Signature:

Date (mm/dd/yy):    /    /

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**Acknowledgement of Receipt**

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Print Name:

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