



# REPORT OF VULNERABLE ADULT ABUSE, NEGLECT, OR EXPLOITATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

AGING SERVICES

SFN 1607 (6-2022)

Report Date

## REPORTER INFORMATION

Name	Telephone Number	Email Address	
Agency	Title or Relationship to Victim		
Address	City	State	ZIP Code

## ALLEGED VICTIM INFORMATION

Name			Telephone Number
Address		City	State ZIP Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Victim Currently <input type="checkbox"/> At Home <input type="checkbox"/> In Facility <input type="checkbox"/> Pending Discharge <input type="checkbox"/> Whereabouts Unknown
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Unknown			

## PERSON SUSPECTED OF CAUSING ABUSE, NEGLECT OR EXPLOITATION (if known)

Name	Relationship to Victim	Telephone Number	
Address	City	State	ZIP Code

## LEGAL REPRESENTATIVE

Check One <input type="checkbox"/> POA-Durable <input type="checkbox"/> POA-Other <input type="checkbox"/> Guardian/Conservator <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Name			Telephone Number
Address		City	State ZIP Code

## COLLATERAL CONTACT (Case Manager, Family, Friend, etc.)

Name	Relationship to Victim	Telephone Number
Name	Relationship to Victim	Telephone Number

Reason for Referral (Who, What, When, Where, Why, How Often)

Reason for Referral (Who, What, When, Where, Why, How Often) Continued