

**1. 1. ON-LINE COMPLAINT FORM**

**We do not require your name and phone number. It is helpful, however, in case an investigator needs additional information from you about the situation.**

<i>INFORMATION ABOUT YOU</i>	
Your name:	Phone number: E-mail address:
Your relationship to the adult: <input type="checkbox"/> Relative (specify): _____ <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Care giver (specify): _____ <input type="checkbox"/> Friend or neighbor	
<i>INFORMATION ABOUT THE ENDANGERED ADULT</i>	
Last Name:	First Name:
Date of Birth:	Social Security Number:
Street Address:	
City/State/Zip:	Name of Facility:
Living Situation: <input type="checkbox"/> Lives alone <input type="checkbox"/> With family members <input type="checkbox"/> With others: _____ <input type="checkbox"/> Group home/ Nursing home/ other care facility: _____	
Physician's Name:	Phone Number:
Home care provider if any:	Phone Number:
Legal Guardian or Power of Attorney's Name:	Phone Number:
Disability: <input type="checkbox"/> Developmental Disability/Mental Retardation <input type="checkbox"/> Mental Illness <input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Physical Disability <input type="checkbox"/> Confusion/ Disorientation (dementia) <input type="checkbox"/> Other: _____	
Please describe in as much detail as possible the nature of the situation.  _____ _____ _____ _____	
How long has this been going on?	
<i>INFORMATION ABOUT THE PERPETRATOR (if relevant)</i>	
Name of Perpetrator (if relevant):	Phone Number:
Street Address:	City/ State/ Zip:

Relationship to the endangered adult:

- Relative (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Care giver (specify): \_\_\_\_\_
- Friend or neighbor

*SUPPORT SYSTEM*

Next of kin Name:	Phone Number:
Address:	
Relationship:	
Other involved person's Name:	Phone Number:
Relationship	
Other involved person's Name:	Phone Number:
Relationship	
Other involved person's Name:	Phone Number:
Relationship	

Please provide any additional information that you feel might be helpful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_