



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 68-2
Cranston, Rhode Island 02920

REPORT OF SUSPECTED FINANCIAL EXPLOITATION OF VULNERABLE ADULT
For use by Qualified Individuals Pursuant to R.I.G.L. § 7-11.2

SECTION I – INCIDENT

Date of Incident: _____ Time of Incident: _____

SECTION II – PERSON IDENTIFIED AT RISK OF EXPLOITATION

Last Name: _____ First Name: _____ MI: _____

Sex: M F Date of Birth: _____ SSN: _____

Address: _____

Phone No.: _____

Is there a Responsible Party (Power of Attorney/Guardian/Conservator): Y N

If yes, provide name and role: _____

Contact Information: _____

SECTION III – PERSON ALLEGEDLY RESPONSIBLE FOR EXPLOITATION

Last Name: _____ First Name: _____ MI: _____

Sex: M F Date of Birth: _____ Relationship to Victim: _____

Address: _____

SSN: _____ Phone No.: _____

Additional Information: _____

SECTION IV – PLEASE DESCRIBE THE INCIDENT (Use additional pages if necessary)

SECTION V – CIRCUMSTANCES OF PERSON IDENTIFIED AT RISK (Check all descriptions that apply)

- | | | | | | |
|----------------------|--------------------------|-------------------------|--------------------------|----------------------|--------------------------|
| Physical Dependence | <input type="checkbox"/> | Intellectual Disability | <input type="checkbox"/> | Mental Health Issues | <input type="checkbox"/> |
| Behavioral Disorders | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> | Economic Dependence | <input type="checkbox"/> |

SECTION VI – IF ABUSE, NEGLECT, OR OTHER FINANCIAL EXPLOITATION IS SUSPECTED, PLEASE DESCRIBE

SECTION VII – REPORTER

Name of Reporter: _____

Title: _____ CRD No.: _____

Address/Phone Number of Reporter: _____

Firm Name: _____ CRD No.: _____

Address: _____

Third Party Contacted: Y N If Yes – Name: _____

Legal Relationship to Victim: _____

Address: _____

Phone No.: _____ Previously designated by the client: Y N

Additional Witnesses/Contact Information:

Delayed Disbursement: Y N Date disbursement requested: _____

Date disbursement delayed: _____ Deadline for release: _____

Financial Records Enclosed: Y N

Was Rhode Island’s Office of Healthy Aging Contacted: Y N

When complete: Save a copy for your records and email the completed form to Department of Business Regulation Securities Division at DBR.Seclnquiry@dbr.ri.gov.