

**REPORT of HARM for the PROTECTION  
of VULNERABLE ADULTS**  
In Compliance with Alaska Statute 47.24.010

**Central Intake – Reporting**  
Toll Free: 1-800-478-9996 • Anchorage: (907) 269-3666 • Fax: (907) 269-3648  
**Complete as Much Information as Possible**

Date of Report: \_\_\_\_\_

**Vulnerable Adult Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male  Female  Language: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: Select from drop-down Race: Select from drop-down Phone Numbers: \_\_\_\_\_

Assisted Living Home Name (if applicable): \_\_\_\_\_

Vulnerable Adult Resides with: \_\_\_\_\_

**Describe Location of Vulnerable Adult** (Use attached additional sheet if necessary)

**Reporter Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Has a report been filed with the police: Yes  No  If so, what agency? \_\_\_\_\_

Your relationship to the Vulnerable Adult: \_\_\_\_\_

**Others with Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last, First

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last, First

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last, First

**Describe Vulnerable Adult's Physical and Mental Condition or Impairments** (Use attached additional sheet if necessary)

**Describe Problem or Situation** (Use attached additional sheet if necessary)

**REPORT of HARM for the PROTECTION  
of VULNERABLE ADULTS**

In Compliance with Alaska Statute 47.24.010

ADDITIONAL INFORMATION ON

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**Please add any additional information that would not fit on the first page or you believe is important to relay on the situation:**