



Adult Protective Services Incident Report

APS - Unit 3
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Phone (260) 449-7989
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SECTION A: VICTIM INFORMATION

Last Name		First Name	Middle Initial
Street Address		City, State, Zip Code	
Phone Number	Date of Birth	Social Security Number	
Emergency Contact	Relationship	Contact Phone Number	

SECTION B: COMPLAINANT INFORMATION

Last Name		First Name	Middle Initial
Street Address		City, State, Zip Code	
Agency		Phone Number	
Relationship to Victim			

SECTION C: INCIDENT INFORMATION

Date and Time of Incident	Agency (if applicable)
Street Address	City, State, Zip Code
Describe the alleged neglect, battery and/or exploitation and the endangered adult's physical and/or mental condition	