

VULNERABLE ADULT INCIDENT REPORT

1. Reporting representative or employee:

Name	Title
Phone Number	Email Address

2. Registered representative (if different from above):

Name	Title
Phone Number	Email Address

3. Affected client:

Name	Age	Phone Number
Address	City	State Zip

4. Client's type of residence (private, nursing home, hospital, etc.): _____

5. Description of incident or concern and how it was discovered:

6. Is the client showing signs of diminished capacity? _____Yes _____No

If yes, please describe: _____

7. Based on the information known at this time, is financial abuse or exploitation suspected? _____Yes _____No

If yes, please provide the name of suspected abuser or exploiter (if known) and relationship to client:

Name	Relationship
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8. Is a disbursement or other transaction pending on the client's account? _____Yes _____No

If yes, please describe: _____

9. Alternate Contacts

A. Has the client designated any trusted contact persons on the account? _____Yes _____No

B. Has the client appointed an agent under a Power of Attorney (POA)? _____Yes _____No

If yes, does the Firm have a copy of the POA document? _____Yes _____No

C. If there is no trusted contact person or POA on the account, has the representative suggested that the client involve a trusted family member or friend in the client's financial affairs, as may be appropriate? _____Yes _____No

If yes, what was the client's response? _____

10. To your knowledge, has this issue already been reported to adult protective services, law enforcement, regulators or any other government agency? _____Yes _____No

If yes, please provide details:

11. Other relevant details:

Form Completed by:

Name

Phone Number

Email address

Upon completion, submit form to Bright Futures Wealth Management, LLC Chief Compliance Officer.