

PENNSYLVANIA  
OFFICE OF ATTORNEY GENERAL

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ELDER ABUSE COMPLAINT FORM

ELDER ABUSE UNIT  
14TH FLOOR, STRAWBERRY SQUARE  
HARRISBURG, PENNSYLVANIA 17120  
Fax: (717) 787-1190

**1-866-623-2137** (Hot Line)

<b>VICTIM INFORMATION</b>				<b>AGE RANGE (CHECK BOX PLEASE)</b>	
				<input type="checkbox"/> 60-69	<input type="checkbox"/> 70-79
				<input type="checkbox"/> 80-89	<input type="checkbox"/> 90+
NAME			DOB		
ADDRESS					
CITY	STATE	ZIP CODE	TELEPHONE NUMBER		
COUNTY		HOME TELEPHONE NUMBER			
YOUR NAME			RELATIONSHIP TO VICTIM		
ADDRESS					
CITY	STATE	ZIP CODE	TELEPHONE NUMBER		
HOME TELEPHONE NUMBER		BEST NUMBER TO CALL DURING THE DAY			
NAME OF THE PERSON OR ENTITY YOUR COMPLAINT IS AGAINST					
ADDRESS					
CITY	STATE	ZIPCODE	TELEPHONE NUMBER		
<p>Please explain your complaint. You may use additional sheets if necessary. Please print or type clearly. Try to be brief, but be sure to tell us <b>WHAT</b> happened, <b>WHEN</b> it happened, and <b>WHERE</b> it happened. Be specific about any oral statements that were made to you. Describe events in the order in which they happened. Attach <b>COPIES</b> of all solicitations, letters, receipts, canceled checks (front &amp; back), advertisements and any other papers that relate to your complaint.</p>					

