



Chris Gaal
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Confidential Report

If you have a concern for an endangered adult, please provide as much of the following information as possible.
This information is kept confidential.

Your Name:

Your Email:

Your Phone Number:

Name of suspected endangered adult:

Address:

Phone:

Age or DOB:

Does the person suffer from (check all that apply):

Mental Illness

Mental Retardation

Dementia

Habitual Drunkenness

Excessive use of drugs

Other physical or mental incapacity

Is the person incapable of managing his or her property or providing or directing the provision of self care?

Yes

No

Is the person harmed or threatened with harm as a result of neglect, battery or exploitation of personal services or property? Yes

No

Is there a suspected perpetrator you believe may be harming the endangered adult?

Yes

No

Please describe the concerns you have for the suspected endangered adult, or any other relevant information: