Senior Protection Complaint Form

seniors@attorneygeneral.gov

www.attorneygeneral.gov



Senior Protection Unit 16th Floor, Strawberry Square Harrisburg, PA 17120

1-866-623-2137 (Help Line)

TO REPORT AN EMERGENCY CASE OF ELDER ABUSE DIAL 9-1-1 OR BY CALLING ADULT PROTECTIVE SERVICES 1-800-490-8505

Required fields are marked with an asterisk* Age Group: Are you a veteran? 🗌 Yes 🗌 No 60-64 Under 18 18-34 65 and older Are you on active duty? 🗌 Yes 🗌 No 35-59 Name* Mr. Ms. Mrs. Dr. Address* City* State* Zip Code* County* Daytime Phone Number Home Phone Number Email Address))

If you are filling this form out on behalf of someone else, please submit your information:

□ Mr. □ Ms. Name □ Mrs. □ Dr.	*			
Address*				
City*		State*	Zip Code*	County*
Daytime Phone Number*	Home Phone Number*	Email Addre	Email Address	
()	()			

Who is the complaint against?

Name		Phone Number:	
		()	
Address			
City	State	Zip Code	County

This complaint is regarding (Check All That Apply)

Physical Abuse	Neglect of Care	
Financial Exploitation	Scam/Fraud	
Consumer Issues	Healthcare Services	
Other Concerns		

Complaint Information:

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 **WHAT** happened, **WHEN** it happened, and **WHERE** it happened. Be specific about any oral statements that were made to you. Describe events in the order in which they happened. Attach <u>COPIES</u> of all solicitations, letters, receipts, cancelled checks (front & back), advertisements and any other papers that relate to your complaint.

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PLEASE READ CAREFULLY THE ATTORNEY GENERAL CANNOT ACT AS YOUR PRIVATE ATTORNEY

The primary function of the Office of Attorney General is to represent the public at large. The Senior Protection Unit may mediate your complaint if it falls within the jurisdiction of this office. Be advised that the information you provide may be shared with the party you have complained about and may be shared with or referred to other law enforcement or regulatory agencies.

Your complaint will be kept on file with our office and the information may be used to establish violations of Pennsylvania law.

By signing below:

- 1. I authorize the Senior Protection Unit to provide a copy of this complaint to any person or entity about which I am complaining; and to any person or provider possessing medical and insurance records or information related to this complaint.
- 2. I authorize the Senior Protection Unit to transfer my complaint to another federal, state, local, or other agency, which may have jurisdiction over this matter. This authorization extends to any and all attachments which may be part of my case file, including any medical records the Office may obtain pursuant to a medical release. Additional information may be requested.

I certify that the information provided in this complaint form, including my identity and any factual statements or allegations, are true and correct to the best of my knowledge, information, and belief.

DATE

OFFICE USE ONLY

Disposition of the complaint date		Name	
OAG Unit	Agent		Complaint #
Outside referral to		Ву	