

FLORIDA ABUSE HOTLINE Fax Transmittal Form To Report Abuse/Neglect/Threatened Harm/Exploitation Fax Number: 1-800-914-0004

TO LEARN MORE ABOUT REPORTING ABUSE, READ THE DEPARTMENT OF CHILDREN AND FAMILIES BROCHURE: REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS.

ТІ	his information is required for profes:	REPORTER INFO		e refer to Cl	napter 39, Florida Statutes.	
Your Last Name:	Your F	irst Name:		Today's Date:		
Your Occupation:	Your Agency:			Fax #: _	Pho	one #:
Work Address:		City:		Zip Code:	County:	State:
Alternate Contact Person:		Title:			Phone #:	
-	tified as to whether or not an abus				ation provided? Yes	□ No
•	t other children and adult household N OF INCIDENT section on page 2;		e. If any hous		J .	3
Current Location/Address:		City:		'ip Code:	County:	State:
Home Address:	Apt/Lot#:	City:		Zip Code:	County:	State:
Home Phone:	Work Phone:			Cell Phone:		
LAST NAME	FIRST NAME	DOB	SEX	RACE	SSN	IS THIS PERSON A VICTIM?
(1)						Yes No
(2)						☐ Yes ☐ No
(3)						☐ Yes ☐ No
(4)						☐ Yes ☐ No
(5)						☐ Yes ☐ No
	PERSON(S) RESPONSIBLE FOR	ALLEGED ABUSE, N	IEGLECT, AB	ANDONME	NT OR EXPLOITATION	
N.	AME	DOB	SEX	RACE	SSN	RELATIONSHIP TO VICTIM
(1)						
(2)						
(3)						

DESCRIPTION OF INCIDENT Please describe what happened, when and where the incident occurred, the frequency of occurrence, and a description of injuries and/or threat of harm.							
WHAT happened?	vnen and wnere the incident occurred	a, the frequency of occurrence, and a description of	or injuries and/or threat d	or narm.			
WHAT Happened:							
WHEN and WHERE did the incident occur?							
Does anyone in the household have any dis							
Are there any dangers to a protective investigator?							
Additional Addresses (e.g. day-care, school, etc.):							
Description of injuries/threat of harm:							
FOR ADULT VICTIMS ONLY: Describe how the adult victim's ability to care for or protect self is impaired.							
OTHER INDIVIDUALS							
Please list others who might be aware of the abuse/abandonment/neglect/exploitation of the victim.							
NAME	RELATIONSHIP TO THE VICTIM	ADDRESS	HOME PHONE	WORK PHONE			

DO NOT SEND COPIES OF MEDICAL NOTES, CASE FILES, ARREST REPORTS, OR SIMILAR DOCUMENTS.