



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.

REPORTER INFORMATION

This information is required for professionally mandated reporters – please refer to Chapter 39, Florida Statutes.

Your Last Name: _____ Your First Name: _____ Today's Date: _____

Your Occupation: _____ Your Agency: _____ Fax #: _____ Phone #: _____

Work Address: _____ City: _____ Zip Code: _____ County: _____ State: _____

Alternate Contact Person: _____ Title: _____ Phone #: _____

➤ **Would you like to be notified as to whether or not an abuse report was accepted based on the information provided?** Yes No
If yes, please indicate your preferred method of notification. Telephone or U. S. Mail

VICTIM INFORMATION

If the victim is a child, list other children and adult household members in the home. If any household members have a disability, describe the disability in the DESCRIPTION OF INCIDENT section on page 2; if the victim is an adult, include how his/her ability to care for or protect self is impaired.

Current Location/Address: _____ City: _____ Zip 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)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(5)						<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSON(S) RESPONSIBLE FOR ALLEGED ABUSE, NEGLECT, ABANDONMENT OR EXPLOITATION

NAME	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?

WHEN and WHERE did the incident occur?

Does anyone in the household have any disabilities?

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.