



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

**Please do not fax multiple allegations of abuse or neglect for multiple families at a time.
By submitting them **one** at a time, they will likely get processed **faster**.**

REPORTER INFORMATION

This information is required for mandatory reporters. Refer to Chapters 39 and 415, Florida Statutes.

Today's Date: _____

Your Last Name: _____ Your First Name: _____ MI: _____

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

Address: Street # _____ Street Name: _____ City: _____ Zip Code: _____ County: _____ State: _____

VICTIM INFORMATION

If the victim is a child, list other children in the home. If the victim is an adult, describe disability and how he/she is impaired in the ability to care for or protect self in the DESCRIPTION OF INCIDENT section on page 2.

ADDRESS where the victim is currently located:

Street # _____ Street Name: _____ City: _____ Zip Code: _____ County: _____ State: _____

Home Telephone Number: _____ Work Telephone Number: _____

| 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?

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WHEN did the incident occur?

WHERE did the incident occur?

Description of injuries/threat of harm:

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FOR ADULT VICTIMS ONLY: Describe the adult victim's disability and how the victim is impaired in the ability to care for or protect self.

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