



**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?

WHEN did the incident occur?

WHERE did the incident occur?

Description of injuries/threat of harm:

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.

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.