

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**.

	This information is required for	REPORTER INFO		ters 39 and 41!	5, Florida Statutes.		
			Today's Date:				
Your Last Name:	r Last Name: Your F					MI:	
Your Occupation:	Your Agency:		Fax #:			Phone #:	
Address: Street # Str	eet Name:	City:	Z	'ip Code:	County:	State:	
If the victim is a child, list oth	er children in the home. If the victi DES	VICTIM INFORM m is an adult, describe d CRIPTION OF INCIDEN	isability and h	nago 2	mpaired in the ability to	'	
ADDRESS where the victim is curr	rently located:						
Street # Street Nan	ne:	City:	Z	Zip Code:	County:	State:	
Home Telephone Number: Work Telephone Number:							
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 FO	R ALLEGED ABUSE, N	EGLECT, AB	ANDONMENT	OR EXPLOITATION		
NAME		DOB	SEX	RACE	SSN	RELATIONSHIP TO VICTIM	
(1)							
(2)							
(3)							

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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	it of narm.						
WHAT happened?							
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 an protect self							
FOR ADOLT VICTIMIS ONLY. Describe the addit victim's disability and now the victim's impalled in the ability to care for or protect sell.							
OTHED INDIVIDUALS							
NAME RELATIONSHIP TO THE VICTIM ADDRESS HOME PHONE	WORK PHONE						
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.