



**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.**