



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

TO LEARN MORE ABOUT REPORTING ABUSE, READ THE DEPARTMENT OF CHILDREN AND FAMILIES BROCHURE ON *REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS.*

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: _____

➤ **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 U. S. Mail

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)					

