



**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.**