

Before Making a Report

This form is to help you prepare for making a report. The more prepared you are to provide information the Florida Abuse Hotline counselor needs in order to determine whether the abuse/suspected abuse you are concerned about meets statutory criteria for the Department of Children and Families to initiate a protective investigation, the faster a decision can be made. Completing the form before you call the hotline will help you gather your thoughts and may help you remember information that you might otherwise forget. Sometimes, information you might think is irrelevant may turn out to be very important for a protective investigator to have. If you are unable to obtain some of the information below, you should still call the Florida Abuse Hotline and provide the counselor with all of the information you **do** have.

Your Information

You must provide your information when making a report **only** if you are required by Florida law to do so. Health care professionals; mental health professionals; schoolteachers; officials and other school personnel; social workers; day care center workers; professional child care, foster care, residential, or other institutional workers; law enforcement officers; judges; and practitioners who rely solely upon spiritual means for healing **must** provide their names when making a report. Please consider providing your name and contact information, even if you are not required to do so, as a protective investigator may want to follow up with you to clarify information noted in your report. The names of those making a report are confidential and exempt from disclosure under Florida law.

Your Last Name		Your First Name		MI
Your Occupation	Your Agency	Fax Number	Phone Number	
Date(s) Met/Corresponded				

Victim Information

When the victim is a child, it is important to let the Florida Abuse Hotline know that other children are in the home. If you can provide detailed information about these other children, please do so. There is a section in which to write a DESCRIPTION OF THE INCIDENT on the back of this form.

Street #	Street Name	City	ZIP Code			
County	State	Home Phone	Work Phone			
Last Name	First Name	DOB	Sex	Race	SSN	Is This a Victim?
1						Yes <input type="checkbox"/> No <input type="checkbox"/>
2						Yes <input type="checkbox"/> No <input type="checkbox"/>
3						Yes <input type="checkbox"/> No <input type="checkbox"/>
4						Yes <input type="checkbox"/> No <input type="checkbox"/>



Person(s) Responsible for Alleged Abuse, Neglect, Abandonment or Exploitation

	Name	DOB	Sex	Race	SSN	Relationship to Victim
1						
2						

Brief and Concise Description of Incident

Write down what happened, when and where the incident occurred, how often the abuse happens, and a description of the injuries and/or threat of harm. This is a good place to write down information that may be helpful to the protective investigator. Information from the child regarding the presence of guns or aggressive dogs in the house or on the property can contribute to the safety of an investigator.

What Happened?

When did the Incident Occur?

Where did the Incident Occur?

Description of Injuries / Threat of Harm

Other Individuals

Please list others who might be aware of the abuse/abandonment/neglect/exploitation of the victim.

Name	Relationship to Victim	Address	Home Phone	Work Phone

