



Georgia Adult Protective Services (APS) Fax Transmittal Form
 To Report Abuse / Neglect / Exploitation
 Fax to: (770) 408 – 3001

Note: Reporters will be sent a Fax Confirmation acknowledging receipt of the Fax forwarded to APS. Receipt of a Fax sent to APS **does not** constitute acceptance of a report for investigation. Additional information may be needed to complete a report.

Reporter Information

Last Name:	First Name:	Middle Name:	Today's Date (MM/DD/YYYY):		
Your Occupation:	Your Agency:	Fax #:	Phone #:	Cell #:	
Work Address:	City:	Zip Code:	County:	State:	
E-mail:	Alternate Contact Person:	Title:	Phone#:		
Have you referred this person to APS before? <input type="checkbox"/> Yes <input type="checkbox"/> No Your Status (Reporter): <input type="checkbox"/> Mandated Reporter <input type="checkbox"/> Mandated Reporter/Law Enforcement <input type="checkbox"/> Non-Mandated Reporter:					
APS sends reporters a letter for accepted APS referrals. If the referral is accepted, where would you like us to send the acknowledgement letter? <input type="checkbox"/> Fax <input type="checkbox"/> E-mail					

Alleged Victim Information

If making a referral on multiple persons, please complete separate faxes. If any household members have a disability, describe the disability in the description of incident section on page 2

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:	Gender:	Race: SS #:

Other Household Members

If other household members listed are also victims of abuse, neglect and/or exploitation, please complete a separate report fax for each.

Name	DOB	Gender	Race	SS # (If Known)	Relationship to Victim

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

Name	DOB	Gender	Race	SS # (If Known)	Relationship to Victim

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?
Description of injuries/threat of harm:
Describe how the adult victim's ability to care for or protect themselves is impaired:

Other Individuals

Please list others who might be aware of the abuse/neglect/exploitation of the victim or who is a caregiver, relative or otherwise knowledgeable.

Name:	Relationship to Alleged Victim:	Contact Information:
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DO NOT SEND COPIES OF MEDICAL NOTES, CASE FILES, ARREST REPORTS, OR SIMILAR DOCUMENTS.