
Texas Abuse Online Reporting Tool: Entering Alleged Victim Information

After you've entered your initial information, and select continue, the **Welcome to the Texas Abuse, Neglect, and Exploitation Reporting System** page populates. You are required to select whether you are reporting about a child under 18, or adult, age of 18 and older.

Welcome to the Texas Abuse, Neglect, and Exploitation Reporting System

***Required Field**
This reporting site is divided into three sections:

People Involved
In the "People Involved", you will be asked to describe everyone involved in the incident; alleged victims, alleged perpetrators, others living in the house/facility and anyone one else who can provide information about the incident. As you continue through the questionnaire, you can add multiple people in each category.

What Happened?
In the "What Happened?" section, you will be asked to tell us about the specific allegations regarding your concern. You will choose which allegations apply and be asked to provide details about the events that occurred.

Safety Concerns
In the "Safety Concerns" section, you may be asked to tell us about domestic violence, drug and alcohol abuse, as well as the living conditions and other safety concerns.
Once you have completed each section, you will see a summary page that will allow you to review and edit that section.

*** Are you reporting about a child or an adult?**

Selections on this page cannot be changed after continuing. If anything on this page is selected in error, you will need to begin a new report. For registered reporters, delete your draft prior to submitting a new report.

For this demo, we'll select the **Adult (age of 18 or older)** button. When you select a button, the question- **Where did the alleged abuse, neglect, or exploitation occur?** location choices display. For this demo, we'll select **Adult's home**. Next, select **Continue**.

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*** Are you reporting about a child or an adult?**

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***Where did the alleged abuse, neglect, or exploitation occur?**

Adult's home
 State supported living center, state hospital, or group home
 Other

The Primary Alleged Victim page displays.

Let's address the first statement. It reads, **Select the details you know about this person (select all that apply)**. The choices include name, phone number, primary language, special needs, and race, ethnicity, social security number. When you select any of these check boxes, additional fields display. You can toggle the fields by de selecting the check boxes. You can select more than one check box. Always enter as much information as possible.

Home

Primary Alleged Victim

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select the details you know about this person (select all that apply):

- Name
- Phone number
- Primary Language
- Race, ethnicity, Social Security Number

Name

Home

Primary Alleged Victim

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select the details you know about this person (select all that apply):

- Name
- Phone number
- Primary Language
- Race, ethnicity, Social Security Number

*** We require locating information. Do you know the alleged victim's address?**

Yes No

Is the alleged victim currently at this address?

Yes No

First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One <input type="button" value="v"/>

Phone Number

Primary Alleged Victim

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select the details you know about this person (select all that apply):

Name

Phone number

Primary Language

Race, ethnicity, Social Security Number

*** We require locating information. Do you know the alleged victim's address?**

Yes No

Is the alleged victim currently at this address?

Yes No

Primary Phone: <input type="text"/>	Extension: <input type="text"/>	Phone Type: Select One <input type="button" value="v"/>
Secondary Phone: <input type="text"/>	Extension: <input type="text"/>	Phone Type: Select One <input type="button" value="v"/>

Primary Language

Primary Alleged Victim

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select the details you know about this person (select all that apply):

Name

Phone number

Primary Language

Race, ethnicity, Social Security Number

*** We require locating information. Do you know the alleged victim's address?**

Yes No

Is the alleged victim currently at this address?

Yes No

Primary Language:
Select one

Race, Ethnicity, Social Security Number

Primary Alleged Victim

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select the details you know about this person (select all that apply):

- Name
- Phone number
- Primary Language
- Race, ethnicity, Social Security Number

*** We require locating information. Do you know the alleged victim's address?**

Yes No

Is the alleged victim currently at this address?

Yes No

*** Gender:**

Select One

Race:

White Black Asian Native American/Native Alaskan Native Hawaiian/Pacific Islander Unable to Determine

Ethnicity: **Social Security Number:**

Multiple Check Boxes Selected

Primary Alleged Victim

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select the details you know about this person (select all that apply):

- Name
- Phone number
- Primary Language
- Race, ethnicity, Social Security Number

*** We require locating information. Do you know the alleged victim's address?**

Yes No

Is the alleged victim currently at this address?

Yes No

First Name: **Middle Name:** **Last Name:** **Suffix:**

Primary Phone: **Extension:** **Phone Type:**

Secondary Phone: **Extension:** **Phone Type:**

Primary Language:

*** Gender:**

Select One

The asterisks indicate required fields. The required fields include answering the question, **Do you know the alleged victim's address?**, **Do you know this person's birthdate?**, and **Gender**. If you select the **No** radio button additional fields display prompting you to enter the city and the state, which is required. The question, **Does this person reside inside the city limits?** also displays, and an

additional field where you enter directions to the home. Fill out as much information as possible. City, state, and county are required.

*** We require locating information. Do you know the alleged victim's address?**
 Yes No

City: *** State:**

Does this person reside inside the city limits?
 Yes No

Directions to the home

If you select the **Yes** radio button, for the address question, additional fields expand below the question. The street address, city, and state fields are required.

*** We require locating information. Do you know the alleged victim's address?**
 Yes No

*** Street Address 1:**

Street Address 2:

*** City:** *** State:** **Zip Code:**

Address Type:

Answer the question, **Is the alleged victim currently at this address?**

*** We require locating information. Do you know the alleged victim's address?**
 Yes No

*** Street Address 1:**

Street Address 2:

*** City:** *** State:** **Zip Code:**

Address Type:

Is the alleged victim currently at this address?
 Yes No

If you select **No**, a conditional field displays with the question, **Where is the alleged victim now? How long will the alleged victim be there?** Enter as much information as possible.

Is the alleged victim currently at this address?
 Yes No

Where is the alleged victim now? How long will the alleged victim be there?

Next select the alleged victim's gender from the drop-down menu- its required.

* Gender:
Male

* Do you know this person's birthdate?
 Yes No

* Approximate Age (in years)

Do you believe the alleged victim has a physical impairment or health condition?
 Yes No

If you select **No** for the birth date question, an additional field displays and requires you to enter and approximate age in years. This field is required.

* Do you know this person's birthdate?
 Yes No

* Approximate Age (in years)

* Gender:
Select One

If you select **Yes** to the birthdate question, additional fields expand below the question that prompt you to use the calendar tool to select the birth date of the alleged victim.

* Do you know this person's birthdate?
 Yes No

* Birthdate

* Gender:
Select One

Select **Yes** or **No** for the **Do you believe the alleged victim has a physical impairment or health condition?** and the **Do you believe the alleged victim has an intellectual disability or mental illness?** questions.

Do you believe the alleged victim has a physical impairment or health condition?
 Yes No

Do you believe the alleged victim has an intellectual disability or mental illness?
 Yes No

Select the activities the alleged victim needs assistance performing (select all that apply):
 Bathing Dressing Grooming/Oral Care Toileting Transferring Walking Climbing Stairs Eating Shopping Cooking

Does the alleged victim receive Medicaid?
 Yes No

If you answer **Yes** to the **Do you believe the alleged victim has a physical impairment or health condition?** question, additional fields display and ask you to enter details about the specific impairment, how it affects the alleged victim, and if it's a short term condition.

Do you believe the alleged victim has a physical impairment or health condition?
 Yes No

What is the specific impairment or health condition?

How does the impairment or health condition affect the alleged victim?

Is this a permanent or short term impairment or health condition?

If you answer **Yes** to the **Do you believe the alleged victim has an intellectual disability or mental illness?** question additional fields display and ask you to enter details about the specific disability or mental illness and how it affects to alleged victim's ability to function daily.

Do you believe the alleged victim has an intellectual disability or mental illness?
 Yes No

What is the specific intellectual disability or mental illness?

How does the current intellectual disability or mental illness affect the alleged victim's ability to function on a daily basis?

The next question asks you to select the activities the alleged victim needs assistance performing. You can select more than one. For this demo, we'll select **Walking, Climbing stairs, Shopping, and Eating**.

Select the activities the alleged victim needs assistance performing (select all that apply):

Bathing Dressing Grooming/Oral Care Toileting Transferring Walking Climbing Stairs Eating Shopping Cooking

Does the alleged victim receive Medicaid?

Yes No

List other benefits or income sources the victim may receive:

Provide details about this person's workplace including name and address:

Share other relevant information about this person:

The next question asks if the alleged victim received Medicaid. If you select **Yes**, an additional field displays where you can enter the Medicaid Number.

Select the activities the alleged victim needs assistance performing (select all that apply):

Bathing Dressing Grooming/Oral Care Toileting Transferring Walking Climbing Stairs Eating Shopping Cooking

Does the alleged victim receive Medicaid?

Yes No

Medicaid Number:

Answer the last three questions about benefits and income sources, details about the workplace, and any other relevant info, then select **Save Draft**, then **Continue**.

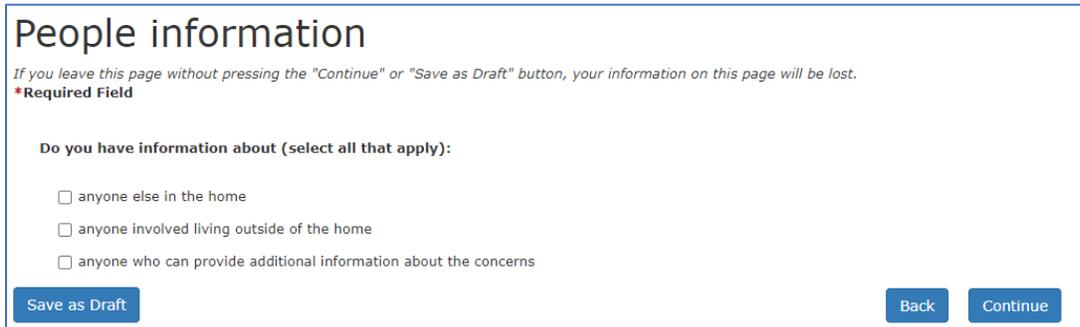
List other benefits or income sources the victim may receive:

Provide details about this person's workplace including name and address:

Share other relevant information about this person:

Save as Draft **Back** **Continue**

The **People Information** page displays. This page prompts you to enter information about anyone else in the home, anyone involved living outside of the home, and anyone who can provide additional information about the concerns.



People information

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

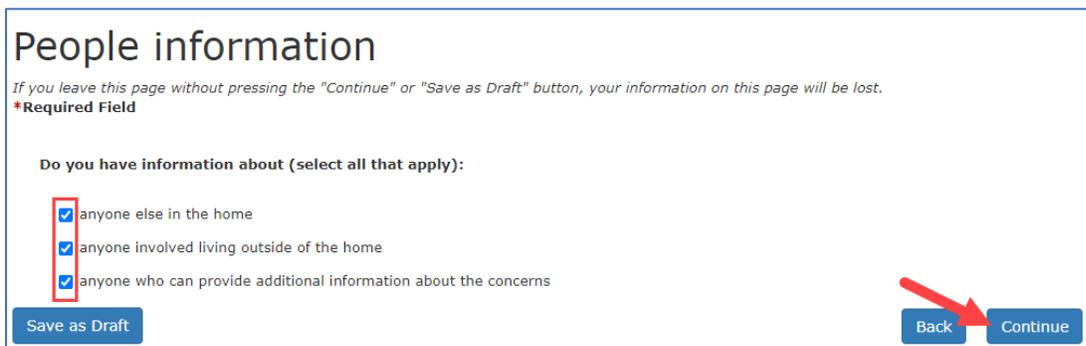
***Required Field**

Do you have information about (select all that apply):

- anyone else in the home
- anyone involved living outside of the home
- anyone who can provide additional information about the concerns

Buttons: Save as Draft, Back, Continue

Depending on which check box or check boxes you select, you will be prompted to enter additional information after selecting **Continue**. For this demo we'll select the all three check boxes- **anyone else in the home, anyone involved living outside of the home, and anyone who can provide additional information about the concerns.**



People information

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Do you have information about (select all that apply):

- anyone else in the home
- anyone involved living outside of the home
- anyone who can provide additional information about the concerns

Buttons: Save as Draft, Back, Continue

The **Anyone Else in the Home** page displays.

Anyone Else in the Home

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select all the details you know about this person:

- Name
- Phone number
- Primary language
- Race, ethnicity, Social Security Number

***How is this person involved in the incident?**

Alleged Victim Alleged Perpetrator Both Alleged Victim and Alleged Perpetrator Neither/Unknown

How is this person related to the primary alleged victim?

Select One

***Gender:**

Select One

Do you know this person's birthdate?

Yes No

Share other relevant information about this person:

Save as Draft

The **How is this person involved in the incident?** and **Gender** field is required.

Anyone Else in the Home

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select all the details you know about this person:

- Name
- Phone number
- Primary language
- Race, ethnicity, Social Security Number

***How is this person involved in the incident?**

Alleged Victim Alleged Perpetrator Both Alleged Victim and Alleged Perpetrator Neither/Unknown

How is this person related to the primary alleged victim?

Select One

***Gender:**

Select One

The functionality is basically the same as the **Primary Alleged Victim** page. Additional fields display based on your check box selections under the **Select all the details you know about his person** section which include **Name, Phone number, Primary language, and Race, ethnicity, Social Security Number**. Make your selections and enter the required information.

Anyone Else in the Home

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select all the details you know about this person:

- Name
- Phone number
- Primary language
- Race, ethnicity, Social Security Number

For this example, we'll select the **Name** and **Primary Language** check box. When you select the check boxes, the **Name** fields and **Primary Language** drop-down display.

Anyone Else in the Home

If you leave this page without pressing the "Continue" or "Save as Draft" button, your info

***Required Field**

Select all the details you know about this person:

- Name
- Phone number
- Primary language
- Race, ethnicity, Social Security Number

***How is this person involved in the incident?**

Alleged Victim Alleged Perpetrator Both Alleged Victim and Alleged Perp

How is this person related to the primary alleged victim?

Select One

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>	Suffix: Select One <input type="button" value="v"/>
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Primary Language:
Select One

Select gender from the drop-down menu- this field is required.

***Gender:**

Select One

If you select **No**, you're prompted to enter approximate age. If you select **Yes**, you'll use the calendar icon to choose the birthdate.

When you select continue, the **Anyone Involved Outside the Home** page displays because we selected the checkbox on the **People Information** page. Depending on which check box or check boxes you select, you will be prompted to enter additional information just like the previous pages.

Anyone Involved Outside the Home

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select all the details you know about this person:

- Name
- Phone number
- Primary language
- Race, ethnicity, Social Security Number

How is this person related to the primary alleged victim?

Select One

***How is this person involved in the incident?**

Alleged Victim Alleged Perpetrator Both Alleged Victim and Alleged Perpetrator Neither/Unknown

***Gender:**

Select One

Do you know this person's birthdate?

Yes No

Share other relevant information about this person:

Save as Draft Back Continue

Fill out all the fields to the best of your knowledge. Responses to the **How is this person involved in the incident?** and gender questions are required.

Anyone Involved Outside the Home

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

Select all the details you know about this person:

- Name
- Phone number
- Primary language
- Race, ethnicity, Social Security Number

How is this person related to the primary alleged victim?

Select One

***How is this person involved in the incident?**

Alleged Victim Alleged Perpetrator Both Alleged Victim and Alleged Perpetrator Neither/Unknown

***Gender:**

Select One

When you're done, select **Continue**. The **People Involved Outside the Home Summary** page displays. Review the information on the page. You can edit or delete the entry by selecting the **Delete** or **Edit** buttons near the bottom of the page. If you want to add another person, select the **Add Another Entry** button below the **Delete** and **Edit** buttons.

If all the information is correct, select **Continue**.

People Involved Outside the Home Summary

Anyone Involved Outside the Home

Select all the details you know about this person:
Race, ethnicity, Social Security Number

How is this person related to the primary alleged victim?

*How is this person involved in the incident?
Neither/Unknown

*Gender:
Male

Race (select all that apply):
White

Ethnicity: Not Hispanic Social Security Number:

Do you know this person's birthdate?
No

Approximate Age(in years):
40

Share other relevant information about this person:

Delete Edit

Do you want to add anyone else involved outside the home?
Add Another Entry

Save as Draft Back Continue

Because we selected the **Anyone With Knowledge of the Situation** check box on the **People Information** page, the **Anyone With Knowledge of the Situation** page displays. Depending on which check box or check boxes you select, you will be prompted to enter additional information just like the previous pages.

Anyone With Knowledge of the Situation

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

*Required Field

Select all the details you know about this person:

Name
 Address
 Phone number
 Primary Language

How is this person related to the primary alleged victim?
Select One

What additional information can this person provide?

Save as Draft Back Continue

Fill in the fields to the best of your knowledge and select **Save as Draft**, then **Continue**.

Anyone With Knowledge of the Situation

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

Required Field

Select all the details you know about this person:

Name
 Address
 Phone number
 Primary Language

How is this person related to the primary alleged victim?

Daughter

First Name: Fname Middle Name: Last Name: Lname Suffix: Select One

What additional information can this person provide?

Enter info here.

Save as Draft Back Continue

The **People With Knowledge Summary** page displays, you can edit, delete, or add another entry. If everything is correct, select **Continue**.

People With Knowledge Summary

Anyone With Knowledge of the Situation

Select all the details you know about this person:

Name

How is this person related to the primary alleged victim?

Daughter

First Name: Fname Middle Name: Last Name: Lname

What additional information can this person provide?

Enter info here.

Delete Edit

Do you want to add anyone else with knowledge of the situation?

Add Another Entry

Save as Draft Back Continue

The **Allegation** page displays. Select check box next to each of your allegations, then select **Continue**. For this demo, we'll select **Lack of medical care** and **Neglect of self**.

Allegations

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

What are your concerns? Select all that apply:

- Emotional/Verbal abuse
- Exploitation
- Lack of medical care
- Medication issues
- Neglect by alleged perpetrator
- Neglect of self
- Physical abuse/Inappropriate restraint
- Sexual abuse
- Other

Save as Draft

Back

Continue

The next pages populate depending on your selection. For example, we selected **Lack of medical care** and **Neglect of self**, so the next two pages that display will ask for details about those allegations. Select **Continue**.

The **Lack of Medical Care** page displays. Select the check box next to the name under the questions, **Who is the alleged victim?** Then answer the questions about when did the incident happen, what medical is not being provided, how soon is the care needed, and what will happen if the alleged victim doesn't receive care to the best of your ability and select **Continue**.

Lack of Medical Care

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

Required Field

You indicated you are concerned about lack of medical care.

Who is the alleged victim?

[Redacted]

When did the incident happen? If there is not a specific date, provide a timeframe.

[Text Area]

What medical care is not being provided?

[Text Area]

How soon is the care needed?

[Text Area]

What will happen if the alleged victim does not receive the care?

[Text Area]

Save as Draft Back Continue

The **Lack of Medical Care Summary** page populates and displays a summary of your entries. Use the **Delete** or **Edit** buttons to delete or edit. Use the **Add Another Entry** button to add another medical neglect allegation. When everything is correct, select **Continue**.

Lack of Medical Care Summary

Lack of Medical Care

You indicated you are concerned about lack of medical care.

Who is the alleged victim?
Victim fname Victim lname

When did the incident happen? If there is not a specific date, provide a timeframe.
Enter info here.

What medical care is not being provided?
Enter info here.

How soon is the care needed?
Enter info here.

What will happen if the alleged victim does not receive the care?
Enter info here.

Delete Edit

To add another allegation of lack of medical care, select the "Add Another Entry" button. Otherwise select the "Continue" button.

Save as Draft Add Another Entry Back Continue

The **Neglect of Self** page displays. Fill in all the fields with information about when the incident happened, concerns about the alleged victim's access to food or ability to eat, concerns about hygiene, and any other concerns about the alleged victim's ability to live independently or to secure housing to the best of your ability. When you're done entering the information, select **Continue**.

Neglect of Self

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

***Required Field**

You indicated you are concerned about the alleged victim's self-neglect.

When did the incident happen? If there is not a specific date, provide a timeframe.

Describe concerns about the alleged victim's access to food or ability to eat:

Describe concerns about the alleged victim's hygiene and negative effects:

Describe other concerns about the alleged victim's ability to live independently or to secure housing:

Buttons: Save as Draft, Back, Continue

Note: Red arrows in the original image point to the four text input fields and the Continue button.

The **Neglect of Self Summary** page displays. You can use the **Edit** and **Delete** buttons to edit or delete the entry. Use the **Add Another Entry** button to add another allegation. When you're sure all the information is correct, select **Continue**.

Neglect of Self Summary

Neglect of Self

You indicated you are concerned about the alleged victim's self-neglect.

When did the incident happen? If there is not a specific date, provide a timeframe.
Enter info here.

Describe concerns about the alleged victim's access to food or ability to eat:
Enter info here.

Describe concerns about the alleged victim's hygiene and negative effects:
Enter info here.

Describe other concerns about the alleged victim's ability to live independently or to secure housing:
Enter info here.

Buttons: Delete, Edit

To add another allegation of self-neglect, select the "Add Another Entry" button. Otherwise select the "Continue" button.

Buttons: Save as Draft, Back, Continue

Note: Red arrows in the original image point to the Delete and Edit buttons, the Add Another Entry button, and the Continue button.

The **Safety Concerns** page displays. Answer the questions about weapons, gang affiliation, and other dangers, then select **Continue**.

Safety Concerns
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.
***Required Field**

Explain if there are concerns about weapons:

Explain if anyone is affiliated with a gang:

Explain if there are people, pets, or conditions that could be a danger:

Save as Draft Back Continue

The **Family Dynamics and Living Conditions** page displays. Select the check box next to the concerns about the alleged victim's family dynamics and living conditions from the list. For this demo, we'll select **Domestic violence** and **Living conditions**.

Family Dynamics and Living Conditions
If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.
***Required Field**

What are your concerns about the alleged victim's family dynamics and living conditions? Select all that apply:

- Domestic violence
- Indication of alcohol or drug abuse
- Living conditions

Save as Draft Back Continue

The next pages that display depend on your selections on the page. Since we selected **Domestic violence** and **Living conditions**, the next page that displays is **Domestic violence**. Enter the information about severity and frequency, and injuries. When you're done entering all the information, select **Continue**.

Domestic Violence

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

*Required Field

You indicated you are concerned about domestic violence.

Describe your concerns about domestic violence including the severity and frequency:

Describe any injuries sustained by the alleged victim as a result of domestic violence:

Save as Draft

Back

Continue

The **Living Conditions** page displays. Enter the information about safety hazards, non-working utilities, eviction and late bills, adverse effects of living conditions, and the last time you saw the alleged victim or the condition of the home. When you've entered all the information, select **Continue**.

Living Conditions

If you leave this page without pressing the "Continue" or "Save as Draft" button, your information on this page will be lost.

*Required Field

You indicated you are concerned about the living conditions.

Explain if there are health and/or safety hazards present that would endanger the alleged victim:

List any utilities (light, gas, water, etc.) the alleged victim is without and how long they have been without them:

List eviction or utility disconnect notices and their deadlines or other bills the alleged victim needs assistance with:

Describe any adverse effects the living conditions have had on the alleged victim:

When was the last time you saw the alleged victim or the condition of the home?

Save as Draft

Back

Continue

The **Report Summary** page displays. Scroll down and review all the information. You can use the **Edit** and the **Delete** and **Edit** buttons to remove or modify the information you entered. You can use the **Add Another Entry** button to add more info. When you're sure all the information is correct, select **Finish**.

Report Summary

Reporter Information Summary	Edit
Primary Victim Information Summary	Edit
People information	Edit
Allegations	Edit
Lack of Medical Care	Delete Edit
To add another allegation of lack of medical care, select the "Add Another Entry" button. Otherwise select the "Continue" button.	Add Another Entry
Living Conditions	Edit
	Finish

The **Submit Confirmation** page displays and shows a summary of your report. You can scroll down to review the summary and print the page by selecting the **Print This Page** button.

Submit Confirmation

[Print This Page](#)

E-Report Confirmation Number: 8a5d75bd.

Date Submitted: Mon May 10 09:38:00 CDT 2021.

If you do not see an E-Report Confirmation Number above, contact Statewide Intake at 1-800-252-5400.

Thank you for reporting your abuse/neglect/exploitation suspicion. If you are reporting an emergency, call 911. If your report requires our immediate attention, call the abuse/neglect hotline at 1-800-252-5400.

If you need to report another incident of suspected abuse, neglect, and exploitation of children, adults with disabilities, or people who are elderly, [click here to start another E-Report](#).

To provide feedback to Statewide Intake regarding your experience making a report via the Internet, we ask that you take a moment to complete the attached survey. This feedback will assist in analyzing the effectiveness of reporting abuse/neglect via the Internet. To participate in the survey, [click here](#).

[Visit the DFPS Website](#)

[FAQs](#)

Report Summary

Reporter Information Summary
Primary Victim Information Summary
Anyone With Knowledge of the Situation
Medical Neglect
Neglectful Supervision
Safety Concerns
Family Dynamics and Living Conditions
Domestic Violence
Living Conditions

The submit confirmation message provides a confirmation number and the report submit date. There's also a link to start another report, a link to a survey where you can provide feedback about your experience, a link to the DFPS website, and a link to frequently asked questions.

Submit Confirmation

[Print This Page](#)

E-Report Confirmation Number: 8a5d75bd.

Date Submitted: Mon May 10 09:38:00 CDT 2021.

If you do not see an E-Report Confirmation Number above, contact Statewide Intake at 1-800-252-5400.

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[Visit the DFPS Website](#)

[FAQs](#)

Select **Home** to return to the **List of Reports** page.

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Submit Confirmation

E-Report Confirmation Number: 8a5d75bd.

Date Submitted: Mon May 10 09:38:00 CDT 2021.

If you do not see an E-Report Confirmation Number above, contact Statewide Intake at 1-800-252-5400.

Thank you for reporting your abuse/neglect/exploitation suspicion. If you are reporting an emergency, call 911. If your report requires our immediate attention, call the abuse/neglect hotline at 1-800-252-5400.

If you need to report another incident of suspected abuse, neglect, and exploitation of children, adults with disabilities, or people who are elderly, [click here to start another E-Report](#).

To provide feedback to Statewide Intake regarding your experience making a report via the Internet, we ask that you take a moment to complete the attached survey. This feedback will assist in analyzing the effectiveness of reporting abuse/neglect via the Internet. To participate in the survey, [click here](#).

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