



**CONFIDENTIAL**  
**INVESTIGATIVE SUMMARY (IS)**  
**Adult Institutional Investigation**  
**(without Reporter Information)**

Case Name	Intake Number	Investigative Sub-Type	County
Date/Time Intake Received		Protective Investigator	
Date/Time Investigation Closed		Protective Investigator Supervisor	

**I. Allegation Narrative(s)**

Sequence Type	Date/Time Received	Response Priority
Narrative		
Field Narrative		

**II. Provider Information**

Name			
Street	Unit Designator	Building	
City	State	Zip Code	Phone Number

**III. Victim(s)**

Name	DOB	Age	Gender	Race	Disabilities
Maltreatment	Findings	Incident Date	Caregiver Responsible	Fatality	
Lacks Capacity to Consent	Intervention Services are Needed	Placement Outside the Home is Required	Judicial Action Required		

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the Florida Safe Families Network is subject to the penalty provisions of s. [415.111](#).



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**IV. Other Participant(s)**

Name	DOB	Age	Gender	Race	Role(s)

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**V. Implications for Victim Safety**

A. Victim Safety Factors Implications

B. PRP Factors Implications

C. Facility Factors Implications

D. Criminal History Summary and Implications for Victim Safety

E. Prior Reports and Service Records Implications for Victim Safety

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**VI. Overall Safety Assessment**

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**VII. Summary/Findings Implications**

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**VIII. Service Recommended - Explanation**

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**IX. Signatures**

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**SIGNATURE** – Protective Investigator

Date Signed

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**SIGNATURE** – Protective Investigator Supervisor

Date Signed

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