



CONFIDENTIAL
INVESTIGATIVE SUMMARY (IS)
Adult Institutional Investigation
(with 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	
Reporter Information	Reporter Name	Reporter Type	Report Method	Reporter Requests Contact	
	Caller ID	Home Phone	Other Phone	Work Phone	
	Reporter Narrative				
	Source Information				

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	Placement Outside the Home	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](#).



CONFIDENTIAL
INVESTIGATIVE SUMMARY (IS)
Adult Institutional Investigation
(with Reporter Information)

	are Needed	is Required	
--	------------	-------------	--

IV. Other Participant(s)

Name	DOB	Age	Gender	Race	Role
------	-----	-----	--------	------	------

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
-

VI. Overall Safety Assessment

VII. Summary/Findings Implications

VIII. Service Recommended - Explanation

IX. Signatures

SIGNATURE – Protective Investigator

Date Signed

SIGNATURE - Protective Investigator Supervisor

Date Signed