

## CHILD ABUSE/SAFETY VIOLATION HOTLINE 7-DAY FOLLOW-UP INFORMATION

For use of this form, see AR 608-18; the proponent agency is OACSIM

**AUTHORITY:** PL 93-247, Child Abuse Prevention and Treatment Act of 1974, DoD Directives 6400.1, 6400.2, and 6400.3 Family Advocacy Program

**PRINCIPAL PURPOSE:** To identify and record information on reports of child and spouse abuse and provide protection and medical treatment to military members and their families.

**ROUTINE USES:** The military services use the information for internal management and maintain it by service. Data forwarded to OSD will be aggregated for analysis and void of case identifiers. Incident data is used to evaluate and identify protocols required in the case. Service program managers use the data to identify incidence and prevalence rates and trends; track involved families; justify appropriate resource allocation; and review and control providers of care.

**DISCLOSURE:** Disclosure is voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

1. DATE OF CALL (YYYYMMDD)	2. INSTALLATION	
3. MACOM	4. DOD CASE NUMBER	5. DATE OF DOD HOTLINE CALL (YYYYMMDD)
6. NAME AND TITLE OF CALLER		7. FACILITY (Include CDC or YS Building Number/FCC Provider Name and Address)
8. TYPE INCIDENT		9. POTENTIAL FOR PUBLICITY

*If additional space is needed for items 10 thru 14, continue on separate sheet.*

10. PRELIMINARY FINDINGS (If applicable)
11. ACTIONS TAKEN BY FAP (CRC, SWS)
12. ACTIONS TAKEN BY ACTIVITY (e.g., CDS, YS)
13. ACTIONS TAKEN BY LAW ENFORCEMENT/CID
14. ACTIONS TAKEN BY COMMAND (If applicable)

15. ALLEGED OFFENDER STATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONFINED
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARRESTED
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INDICTED
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REINSTATED

16. PLAN OF ACTION FOR INVESTIGATION
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**HQDA USE ONLY**

17. HQDA CASE NUMBER	18. DATE FORWARDED TO DOD (YYYYMMDD)
19. RECEIVED AT DOD BY	20. DATE ENTERED IN DATABASE (YYYYMMDD)