Hotline Alert

	Incident Information			
	Incident Information			
Description of Incident:				
Date of Incident:				
Were staff present or involved in the incident?				
If Yes, Explain:				
Was this incident reported to the program or anyone else:	•			
If Yes, Explain:				
Date Reported:				
	Program Information			
Program Where Incident Occurred:				
Program City:				
Program State:				
Other Description:				
	UAC Information			
First Name:				
Last Name:				
A-Number:				
Gender:				
Age:				
Country of Birth:				
Other Description:				
Were Other UAC Involved?: If Yes, Explain				
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Reporting				
Type of Incident/Individuals Involved				
Type of Alleredien: Specify:				
Type of Allegation: Synopsis of call:				
Symples of Cam.				

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR's National Call Center to inform ORR of allegations sexual harassment, sexual abuse, inappropriate sexual behavior, and physical abuse that occurred while the UAC was in ORR custody. Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

Hotline Reporting						
Reported to CPS:						
State 1:	State 2:	State 3:				
Date of Report 1:	Date of Report 2:	Date of Report 3:				
Time of Report 1:	Time of Report 2:	Time of Report 3:				
Case Number 1:	Case Number 2:	Case Number 3:				
Reported to Law Enforcement:						
State 1:	State 2:	State 3:				
Date of Report 1:	Date of Report 2:	Date of Report 3:				
Time of Report 1:	Time of Report 2:	Time of Report 3:				
Case Number 1:	Case Number 2:	Case Number 3:				
Officer Name 1:	Officer Name 2:	Officer Name 3:				
Officer Badge	Officer Badge	Officer Badge				
Number 1:	Number 2:	Number 3:				

Date Incident Reported to ORR:

Time Incident Reported to ORR:

ORR Reporting

Not enough information to identify a UAC or care provider No

Role	Name	Email	Date Notified	Time Notified
FFS				
FFS				
Supervisor				
PO				

Comments: