STATE OF CALIFORNIA
BCIA 8572
(Rev. 04/2017)

DEPARTMENT OF JUSTICE


REFERENCE NO. 822.2

# SUSPECTED CHILD ABUSE REPORT
## (Pursuant to Penal Code section 11166)

Print Form | Clear Form

**To Be Completed by Mandated Child Abuse Reporters**
*PLEASE PRINT OR TYPE*

**CASE NAME:** _____

**CASE NUMBER:** _____

## A. REPORTING PARTY

| NAME OF MANDATED REPORTER | TITLE | MANDATED REPORTER CATEGORY |
|---|---|---|
| REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Street City Zip | | DID MANDATED REPORTER WITNESS THE INCIDENT? ☐ YES ☐ NO |
| REPORTER'S TELEPHONE (DAYTIME) | SIGNATURE | TODAY'S DATE |

## B. REPORT NOTIFICATION

☐ LAW ENFORCEMENT ☐ COUNTY PROBATION ☐ COUNTY WELFARE / CPS (Child Protective Services)

AGENCY

ADDRESS Street City Zip

DATE/TIME OF PHONE CALL

OFFICIAL CONTACTED - NAME AND TITLE

TELEPHONE

## C. VICTIM
**One report per victim**

| NAME (LAST, FIRST, MIDDLE) | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |
|---|---|---|---|
| ADDRESS Street City Zip | | | TELEPHONE |
| PRESENT LOCATION OF VICTIM | SCHOOL | CLASS | GRADE |
| PHYSICALLY DISABLED? ☐ YES ☐ NO | DEVELOPMENTALLY DISABLED? ☐ YES ☐ NO | OTHER DISABILITY (SPECIFY) | PRIMARY LANGUAGE SPOKEN IN HOME |

IN FOSTER CARE? ☐ YES ☐ NO

IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:
☐ DAY CARE ☐ CHILD CARE CENTER ☐ FOSTER FAMILY HOME
☐ FAMILY FRIEND ☐ GROUP HOME OR INSTITUTION ☐ RELATIVE'S HOME

TYPE OF ABUSE *(CHECK ONE OR MORE)*:
☐ PHYSICAL ☐ MENTAL
☐ SEXUAL ☐ NEGLECT
☐ OTHER (SPECIFY) _____

RELATIONSHIP TO SUSPECT

PHOTOS TAKEN? ☐ YES ☐ NO

DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? ☐ YES ☐ NO ☐ UNK

## D. INVOLVED PARTIES

### VICTIM'S SIBLINGS

| NAME | BIRTHDATE | SEX | ETHNICITY | NAME | BIRTHDATE | SEX | ETHNICITY |
|---|---|---|---|---|---|---|---|
| 1. | | | | 3. | | | |
| 2. | | | | 4. | | | |

### VICTIM'S PARENTS/GUARDIANS

| NAME (LAST, FIRST. MIDDLE) | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |
|---|---|---|---|
| ADDRESS Street City Zip | HOME PHONE | | BUSINESS PHONE |
| NAME (LAST, FIRST. MIDDLE) | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |
| ADDRESS Street City Zip | HOME PHONE | | BUSINESS PHONE |

### SUSPECT

| SUSPECT'S NAME (LAST, FIRST. MIDDLE) | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |
|---|---|---|---|
| ADDRESS Street City Zip | | | TELEPHONE |

OTHER RELEVANT INFORMATION

## E. INCIDENT INFORMAT

IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX ☐ IF MULTIPLE VICTIMS, INDICATE NUMBER: _____

DATE/TIME OF INCIDENT

PLACE OF INCIDENT

NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incident's involving the victim(s) or suspect)

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code section 11169 to submit to DOJ a Child Abuse or Severe Neglect Indexing Form BCIA 8583 if (1) an active investigation was conducted and (2) the incident was determined to be substantiated.