



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						DID MANDATED REPORTER WITNESS THE INCIDENT?							
	REPORTER'S TELEPHONE (DAYTIME)		SIGNATURE				TODAY'S DATE							
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION <input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)			AGENCY										
	ADDRESS						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						TELEPHONE							
	PRESENT LOCATION OF VICTIM				SCHOOL		CLASS		GRADE					
	PHYSICALLY DISABLED?		DEVELOPMENTALLY DISABLED?		OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME						
	IN FOSTER CARE?		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:				TYPE OF ABUSE (CHECK ONE OR MORE):							
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO		<input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME				<input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY) _____							
RELATIONSHIP TO SUSPECT				PHOTOS TAKEN?		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH?								
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK								
VICTIM'S SIBLINGS	NAME		BIRTHDATE		SEX	ETHNICITY		NAME		BIRTHDATE		SEX	ETHNICITY	
	1. _____		_____		_____	_____		3. _____		_____		_____	_____	
2. _____		_____		_____	_____		4. _____		_____		_____	_____		
D. INVOLVED PARTIES	VICTIM'S PARENTS/GUARDIANS	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY					
		ADDRESS				HOME PHONE		BUSINESS PHONE						
	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY						
	ADDRESS				HOME PHONE		BUSINESS PHONE							
SUSPECT	SUSPECT'S NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY						
	ADDRESS						TELEPHONE							
	OTHER RELEVANT INFORMATION													
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> 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.

EFFECTIVE: 01-01-01 REVISED: 04-01-22 SUPERSEDES: 04-01-19