

# SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**  
Pursuant to Penal Code Section 11166

CASE NAME: \_\_\_\_\_

PLEASE PRINT OR TYPE

CASE NUMBER: \_\_\_\_\_

<b>A.</b>	<b>REPORTING PARTY</b>	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY						
		REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS				Street	City	Zip				
		REPORTER'S TELEPHONE (DAYTIME) ( )		SIGNATURE		DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO						
						TODAY'S DATE						
<b>B.</b>	<b>REPORT NOTIFICATION</b>	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY								
		<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS		Street	City	Zip				
				OFFICIAL CONTACTED - TITLE		TELEPHONE ( )						
<b>C.</b>	<b>VICTIM</b> <small>One report per victim</small>	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY			
		ADDRESS				Street	City	Zip	TELEPHONE ( )			
		PRESENT LOCATION OF VICTIM				SCHOOL		CLASS		GRADE		
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE SPOKEN IN HOME						
		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <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				TYPE OF ABUSE (CHECK ONE OR MORE) <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? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
<b>D.</b>	<b>INVOLVED PARTIES</b>	VICTIM'S SIBLINGS										
		1. _____		NAME		BIRTHDATE		SEX		ETHNICITY		
		2. _____		NAME		BIRTHDATE		SEX		ETHNICITY		
		3. _____		NAME		BIRTHDATE		SEX		ETHNICITY		
		4. _____		NAME		BIRTHDATE		SEX		ETHNICITY		
				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'S NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
		ADDRESS		Street	City	Zip	TELEPHONE ( )					
		OTHER RELEVANT INFORMATION										
<b>E.</b>	<b>INCIDENT INFORMATION</b>	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 incidents involving the victim(s) or suspect)										

SS 8572 (Rev. 12/02)

### DEFINITIONS AND INSTRUCTIONS ON REVERSE

**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 Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded.  
WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation Department; GREEN COPY- District Attorney's Office; YELLOW COPY-Reporting Party