

# SUSPECTED CHILD ABUSE REPORT

To Be Completed by Reporting Party  
Pursuant to Penal Code Section 11166

<b>A. CASE IDENTIFICATION</b>	<i>TO BE COMPLETED BY INVESTIGATING CPA</i>
	VICTIM NAME: _____
	REPORT NO./CASE NAME: _____
DATE OF REPORT: _____	

<b>B. REPORTING PARTY</b>	NAME/TITLE _____													
	ADDRESS _____													
	PHONE ( ) _____				DATE OF REPORT _____				SIGNATURE _____					
<b>C. REPORT SENT TO</b>	<input type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFF'S OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION													
	AGENCY _____						ADDRESS _____							
	OFFICIAL CONTACTED _____						PHONE ( ) _____			DATE/TIME _____				
<b>D. INVOLVED PARTIES</b>	<b>VICTIM</b>	NAME (LAST, FIRST, MIDDLE) _____				ADDRESS _____				BIRTHDATE _____	SEX _____	RACE _____		
		PRESENT LOCATION OF CHILD _____									PHONE ( ) _____			
	<b>SIBLINGS</b>	NAME _____			BIRTHDATE _____	SEX _____	RACE _____	NAME _____			BIRTHDATE _____	SEX _____	RACE _____	
		1. _____			4. _____									
		2. _____			5. _____									
		3. _____			6. _____									
<b>PARENTS</b>	NAME (LAST, FIRST, MIDDLE) _____				BIRTHDATE _____	SEX _____	RACE _____	NAME (LAST, FIRST, MIDDLE) _____				BIRTHDATE _____	SEX _____	RACE _____
	ADDRESS _____						ADDRESS _____							
	HOME PHONE ( ) _____			BUSINESS PHONE ( ) _____			HOME PHONE ( ) _____			BUSINESS PHONE ( ) _____				
<b>E. INCIDENT INFORMATION</b>	IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX. <input type="checkbox"/>													
	1. DATE/TIME OF INCIDENT _____				PLACE OF INCIDENT (CHECK ONE) _____				<input type="checkbox"/> OCCURRED		<input type="checkbox"/> OBSERVED			
	IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:													
	<input type="checkbox"/> FAMILY DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> SMALL FAMILY HOME <input type="checkbox"/> GROUP HOME OR INSTITUTION													
	2. TYPE OF ABUSE: (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER													
	3. NARRATIVE DESCRIPTION:													
4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED:														
5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD:														

SS 8572 (Rev. 1/93)

### INSTRUCTIONS AND DISTRIBUTION ON REVERSE

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) an active investigation has been conducted and (2) the incident is **not** unfounded.

Police or Sheriff-WHITE Copy; County Welfare or Probation-BLUE Copy; District Attorney-GREEN Copy; Reporting Party-YELLOW Copy