

Figure 3.

A copy of the Suspected Child Abuse Report form. The official form is printed on four-part NCR paper. This copy is provided for use only as a "working copy" and is not to be submitted to any agencies.\*

<b>SUSPECTED CHILD ABUSE REPORT</b>		<b>To Be Completed by Reporting Party</b>		<b>Pursuant to Penal Code Section 11166</b>	
<b>A. CASE IDENTIFICATION</b>		TO BE COMPLETED BY INVESTIGATING CPA			
		VICTIM NAME: _____		REPORT NO./CASE NAME: _____	
<b>B. REPORTING PARTY</b>		NAME/TITLE _____			
		ADDRESS _____			
<b>C. REPORT SENT TO</b>		PHONE ( ) _____	DATE OF REPORT _____	SIGNATURE _____	
		<input type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFF'S OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION			
<b>D. INVOLVED PARTIES</b>		AGENCY _____		ADDRESS _____	
		OFFICIAL CONTACTED _____		PHONE ( ) _____	DATE/TIME _____
<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. _____	
<b>PARENTS</b>		NAME (LAST, FIRST, MIDDLE) _____ BIRTHDATE _____ SEX _____ RACE _____		NAME (LAST, FIRST, MIDDLE) _____ BIRTHDATE _____ SEX _____ RACE _____	
		ADDRESS _____		ADDRESS _____	
<b>E. INCIDENT INFORMATION</b>		HOME PHONE ( ) _____		BUSINESS PHONE ( ) _____	
		HOME PHONE ( ) _____		BUSINESS PHONE ( ) _____	
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. 1/83)

**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