## 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:							
С И И		NAME OF MANDATED R	EPORTER		TITLE					MANDA	TED REPORTEI	R CATEGOR	ſ		
A. REPORTING	PARTY	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS			Street City			Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? □ YES □ NO						
RFP	<u>ה</u>	REPORTER'S TELEPHONE (DAYTIME) SIGNATURE   ( ) )								TODAY	S DATE				
	z	LAW ENFORCEMENT COUNTY PROBATION AGENCY													
2	은	COUNTY WELFARE / CPS (Child Protective Services)													
REPORT		ADDRESS		City				Zip			DATE/TIME OF PHONE CALL		ONE CALL		
B. RI	NOTIFICATION	OFFICIAL CONTACTED -						TEL	TELEPHONE ()						
C. VICTIM	_	NAME (LAST, FIRST, MI	DDLE)						BIRTHDATE	E OR APP	ROX. AGE	SEX	ETHN	ICITY	
	ïï	ADDRESS	Street		City				Zip	TEL	EPHONE				
	One report per victim	PRESENT LOCATION OF	FVICTIM				Ş	SCHOOL		CLA	ISS			GRADE	
	eport	PHYSICALLY DISABLED?   DEVELOPMENTALLY DISABLED?   OTHER DISABILITY (SPECIFY)     ID YES   INO   ID YES   INO						Y)			PRIMARY LANGUAGE SPOKEN IN HOME				
0	Je l	IN FOSTER CARE?	IF VICTIM WAS IN OU	JT-OF-HOME (	CARE AT TIME C	OF INCID	ENT, C	HECK TYPE OF CA	RE:	TYP	E OF ABUSE (	CHECK ONE	OR MOR	?Ε)	
	ō							OME G FAMILY	FRIEND				XUAL	□ NEGLECT	
			GROUP HOME OR	INSTITUTION		SHOME		HOTOS TAKEN?			THER (SPECIF	,	тнія		
		RELATIONSHIP TO SUSPECT					□ YES □ NO			DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? I YES I NO I UNK					
	n vi	NAME	BIRTHDAT	Ē	SEX ETHNIC	CITY			NAME	I	BIRTHDAT	E	SEX	ETHNICITY	
INVOLVED PARTIES	VICTIMS SIBLINGS	1						3							
	)   	2 4													
	ŝ	NAME (LAST, FIRST, MI	DDLE)						BIRTHDATE	E OR APP	ROX. AGE	SEX	ETHN	ICITY	
	VICTIM'S PARENTS/GUARDIANS	ADDRESS	Street	City	Zi	p F		PHONE		BUS					
	VICTIM'S ITS/GUAF	NAME (LAST, FIRST, MI	DDLE)					)	BIRTHDATE		J ROX. AGE	SEX	ETHN	ICITY	
	ENTS														
	PARE	ADDRESS	Street	City	Zi	p H		HONE	l	BUS	SINESS PHONE				
ź						(		)		(	)				
<u> </u>		SUSPECT'S NAME (LAS	T, FIRST, MIDDLE)						BIRTHDATE	E OR APP	ROX. AGE	SEX	ETHN	ICITY	
	SUSPECT	ADDRESS	Street		City			Zip		TEL	EPHONE				
	S	OTHER RELEVANT INFO	DRMATION								,				
													_		
Z		IF NECESSARY, ATT		-		VD CHE	CK TH	IIS BOX	IF MULTIP	PLE VICT	IMS, INDICAT	TE NUMBEF	?:		
E. INCIDENT INFORMATION		DATE / TIME OF INCIDENT PLACE OF INCIDENT													
Ř		NARRATIVE DESCRIPTI	ON (What victim(s) said/v	hat the manda	ated reporter obse	erved/wh	at perso	on accompanying th	e victim(s) said	d/similar o	r past incidents i	involving the	victim(s)	or suspect)	
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2 Z															
		Rev. 12/02)	D.C.5					TIONS ON							
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**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