

APPENDIX 5

SUSPECTED CHILD ABUSE REPORT

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

A. CASE IDENTIFICATION

TO BE COMPLETED BY INVESTIGATING CPA

VICTIM NAME: _____
REPORT NO./CASE NAME: _____

B. REPORTING PARTY	NAME/TITLE										
	ADDRESS										
	PHONE ()			DATE OF REPORT				SIGNATURE			
C. REPORT SENT TO	<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. INVOLVED PARTIES	VICTIM					NAME (LAST, FIRST, MIDDLE)					
						ADDRESS					RACE
	PRESENT LOCATION OF CHILD										
	SIBLINGS					RACE					
						RACE					
	1. _____					4. _____					
2. _____					5. _____						
3. _____					6. _____						
PARENTS	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE	SEX	RACE		NAME (LAST, FIRST, MIDDLE)			
	ADDRESS			ADDRESS							
	HOME PHONE ()			BUSINESS PHONE ()			HOME PHONE ()			BUSINESS PHONE ()	
	IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX. <input type="checkbox"/>										
B. REPORTING PARTY	1. DATE/TIME OF INCIDENT	PLACE OF INCIDENT				(CHECK ONE) <input type="checkbox"/> OCCURED		<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			
	(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:											

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) and 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