

## **6. Suspected Child Abuse Report**

# 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>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>B. INVOLVED PARTIES</b>	<b>VICTIM</b>					NAME (LAST, FIRST, MIDDLE)								
						ADDRESS					RACE			
	PRESENT LOCATION OF CHILD													
	<b>SIBLINGS</b>					RACE								
						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 ( )				
	IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX. <input type="checkbox"/>													
<b>B. REPORTING PARTY</b>	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