SUSPECTED CHILD ABUSE REPORT

To Be Completed by Mandated Child Abuse Reporters Pursuant to Penal Code Section 11166

CASE NAME:

		PLEASE PRINT OR T		YPE CASE NUMBER:								
ū	2	NAME OF MANDATED REPORTER			TITLE MANDATED REPORTER CATEGORY							
A. REPORTING	ARTY	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS			Street City			Zip		ID MANDATED REPORTER WITNESS THE INCIDENT?		
70	` <u> </u>						□ YES □ NO					
A H	֓֡֞֜֞֜֞֜֞֓֓֓֞֜֜֡֓֓֡֓֓֡֓֡֓֡֓֡֡֡֡֡֡֡֡֡֡֡֡	REPORTER'S TELEPHONE (DAYTIME) SIGNATURE			=	TODAY'S DATE						
	7	☐ LAW ENFORCEMENT	□ COUNTY PROBAT	ION	AGENCY							
R	፬	□ COUNTY WELFARE / CPS (Child Protective Services)										
REPORT	ICAT	ADDRESS Street			City			Zip	Zip		DATE/TIME OF PHONE CALL	
В. К	NOTIFICATION	OFFICIAL CONTACTED - 1					TELEPHONE (
		NAME (LAST, FIRST, MIDI	NAME (LAST, FIRST, MIDDLE) BIRTHDATE OR APPROX. AGE SEX ETHNICITY									
	E	ADDRESS	Street		City			Zip	TELEPHONE (
. VICTIM	One report per victim	PRESENT LOCATION OF	SCHOOL				CLASS		GRADE			
<u>ပ</u>	립	PHYSICALLY DISABLED?	PHYSICALLY DISABLED? DEVELOPMENTALLY DISABLED?				FY)		PRIMARY LANGUAGE			
>	od	☐ YES ☐ NO					SPOKEN IN HOME					
S	e re	IN FOSTER CARE?	IF VICTIM WAS IN OUT	-OF-HOME C	CARE AT TIME OF INC	IDENT,	CHECK TYPE OF CA	RE:	TYPE OF ABUSE (C	CHECK ONE	OR MORE)	
	ō	☐ YES	☐ DAY CARE ☐ CHI	LD CARE CE	NTER	AMILY	HOME ☐ FAMILY F	RIEND	□ PHYSICAL □ MI	ENTAL SE	XUAL ☐ NEGLECT	
		□NO	☐ GROUP HOME OR IN	ISTITUTION	☐ RELATIVE'S HON	ΛE			☐ OTHER (SPECIF	Y)		
	ĺ	RELATIONSHIP TO SUSP		PHOTOS TAKEN?			DID THE INCIDENT RESULT IN THIS					
							□ YES □ NO		VICTIM'S DEATH?	□ YES □	NO 🗆 UNK	
. INVOLVED PARTIES	A'S GS	NAME	BIRTHDATE		SEX ETHNICITY			NAME	BIRTHDAT		SEX ETHNICITY	
	VICTIM'S SIBLINGS	1										
	> <u> </u>	2.	21.5				4	DIDTUDATE		l o E V	TETUNUOUTU	
	VICTIM'S PARENTS/GUARDIANS	NAME (LAST, FIRST, MIDI	DLE)					BIRTHDATE	OR APPROX. AGE	SEX	ETHNICITY	
		ADDRESS	Street	City	Zip	HOME	PHONE		BUSINESS PHONE			
				,		()		()			
		NAME (LAST, FIRST, MIDI	DLE)			`	,	BIRTHDATE	OR APPROX. AGE	SEX	ETHNICITY	
	>											
	ARE	ADDRESS	Street	City	Zip	HOME	PHONE		BUSINESS PHONE			
	<u> </u>					()		()			
<u> </u>	\neg	SUSPECT'S NAME (LAST,	, FIRST, MIDDLE)					BIRTHDATE	OR APPROX. AGE	SEX	ETHNICITY	
_	5											
	SUSPECT	ADDRESS	Street		City		Zip		TELEPHONE /			
	SUS								()			
		OTHER RELEVANT INFORMATION										
		IE NECESSADV ATTA	CH EYTRA SUEET/SI	OR OTHER	R FORM(S) AND O	JECK 7	THIS BOY	IE MI II TID	I E VICTIMS INDICAT	TE NII IMBER	o.	
N O		IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX IF MULTIPLE VICTIMS, INDICATE NUMBER:									\	
Ĕ	:	DATE / TIME OF INCIDENT PLACE OF INCIDENT										
Σ		NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)										
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. INCIDENT INFORMATION												
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SS 8572 (Rev. 12/02)

DEFINITIONS AND INSTRUCTIONS ON REVERSE