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				DID MANDATED REPORTER WITNESS THE INCIDENT?			
PO	<u> </u>	REPORTER'S TELEPHONE (DAYTIME) SIGNATURE										
S II	!	()	TODAY'S DATE									
	z	☐ LAW ENFORCEMENT	□ COUNTY PROBAT	ION	AGENCY							
<u>~</u>	은	□ COUNTY WELFARE / CPS (Child Protective Services)										
REPORT	CA	ADDRESS	City			Zip	Zip		DATE/TIME OF PHONE CALL			
B.	NOTIFICATION	OFFICIAL CONTACTED -					TELEPHONE (
		NAME (LAST, FIRST, MIDI	DLE)					BIRTHDATE	OR APPROX. AGE	SEX	ETHNICITY	
	ع ا	ADDRESS	Street		City			Zip	TELEPHONE (
. VICTIM	One report per victim	PRESENT LOCATION OF		SCHOOL		CLASS GRAI						
ပ္	r p	PHYSICALLY DISABLED?	OTHER DISABILITY (SPECIFY)				PRIMARY LANGUAGE					
>	ebo	□YES □NO					SPOKEN IN HOME					
ပ	Je r	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 (CHECK ONE	OR MORE)	
	ō	☐ YES	☐ DAY CARE ☐ CHI	LD CARE CE	NTER	AMILY	HOME	FRIEND	□ PHYSICAL □ M	ENTAL □ SE	EXUAL INEGLECT	
		□NO	☐ GROUP HOME OR IN	ISTITUTION	☐ RELATIVE'S HON	/IE			OTHER (SPECIF			
		RELATIONSHIP TO SUSP		PHOTOS TAKEN?				DID THE INCIDENT RESULT IN THIS				
							☐ YES ☐ NO		VICTIM'S DEATH?			
S	VICTIM'S SIBLINGS	NAME	BIRTHDATE		SEX ETHNICITY		2	NAME	BIRTHDAT		SEX ETHNICITY	
		1 2					3 4					
	<u> </u>	NAME (LAST, FIRST, MIDI	DLE)					BIRTHDATE	OR APPROX. AGE	SEX	ETHNICITY	
쁜	VICTIM'S PARENTS/GUARDIANS	, , , , , ,	,									
· INVOL		ADDRESS	Street	City	Zip	HOME	PHONE		BUSINESS PHONE			
						()		()			
		NAME (LAST, FIRST, MIDI				BIRTHDATE	OR APPROX. AGE	SEX	ETHNICITY			
	Z N	ADDDEGG	Ohman	0.14	7:-	LUOME	PLIONE		DUOINEGO DUONE	<u></u>		
	PA	ADDRESS	Street	City	Zip	(PHONE)		BUSINESS PHONE	•		
	\dashv	SUSPECT'S NAME (LAST,	, FIRST, MIDDLE)			\		BIRTHDATE	OR APPROX. AGE	SEX	ETHNICITY	
Ω	_	,	,									
	SUSPECT	ADDRESS	Street		City		Zip		TELEPHONE			
	SUS								()			
	0)	OTHER RELEVANT INFOR	RMATION						'			
Z		IF NECESSARY, ATTA				HECK 1	THIS BOX 🗍	IF MULTIP	LE VICTIMS, INDICA	TE NUMBER	₹:	
INCIDENT INFORMATION		DATE / TIME OF INCIDENT PLACE OF INCIDENT										
		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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E. INCID												

SS 8572 (Rev. 12/02)

DEFINITIONS AND INSTRUCTIONS ON REVERSE