

SUSPECTED CHILD ABUSE REPORT

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

CASE NAME _____

CASE NUMBER _____

PLEASE PRINT OR TYPE

Part A: Reporting Party	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY		
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS			Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT?
	REPORTER'S TELEPHONE (DAYTIME)		SIGNATURE		TODAY'S DATE		

Part B: REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION			AGENCY		
	ADDRESS		Street	City	Zip	DATE/TIME OF PHONE CALL
	OFFICIAL CONTACTED - TITLE Ms.					TELEPHONE

Part C: VICTIM One Report Per Victim	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS		Street	City	Zip	TELEPHONE		
	PRESENT LOCATION OF VICTIM			SCHOOL			CLASS	GRADE
	PHYSICALLY DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> NO		OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE SPOKEN IN HOME	
	IN FOSTER CARE? <input type="checkbox"/> Yes <input type="checkbox"/> NO		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:				TYPE OF ABUSE (CHECK ONE OR MORE)	
			<input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME				<input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)	
RELATIONSHIP TO SUSPECT				PHOTOS TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		

Part D: INVOLVED PARTIES Victim's Siblings Victim's Parents/Guardians Suspect	NAME				BIRTHDATE		SEX	ETHNICITY
	1.				3.			
	2				4			
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS		Street	City	Zip	HOME PHONE	BUSINESS PHONE	
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS		Street	City	Zip	HOME PHONE	BUSINESS PHONE	
	SUSPECTS NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS		Street	City	Zip	HOME PHONE	BUSINESS PHONE	
	OTHER RELEVANT INFORMATION							

Part E: INCIDENT INFORMATION								
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