

SUSPECTED CHILD ABUSE REPORT

(Pursuant to Penal Code section 11166)

To Be Completed by Mandated Child Abuse Reporters
 PLEASE PRINT OR TYPE

CASE NAME: _____

CASE NUMBER: _____

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	REPORTER'S TELEPHONE (DAYTIME)	SIGNATURE		TODAY'S DATE
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION <input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		AGENCY	
	ADDRESS		Street City Zip	DATE/TIME OF PHONE CALL
	OFFICIAL CONTACTED - NAME AND TITLE			

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DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM BCIA 8572