



## CHILD ABUSE OR SEVERE NEGLECT INDEXING FORM

<b>To be completed by Submitting Child Protective Agency pursuant to Penal Code (PC) section 11169</b>											<b>DOJ USE ONLY</b>		
<input type="checkbox"/> <b>INITIAL REPORT</b>											RCN AGENCY		
<input type="checkbox"/> <b>AMENDED REPORT (attach copy of original BCIA 8583. Complete sections A, C, and all other applicable fields)</b>													
A. SUBMITTING AGENCY	SUBMITTING AGENCY (Enter complete name and check type)					<input type="checkbox"/> WELFARE <input type="checkbox"/> PROBATION		AGENCY REPORT NUMBER/CASE NAME					
	AGENCY ADDRESS    Street					City			State	Zip Code			
	NAME OF SUBMITTING PARTY					TITLE			AGENCY TELEPHONE				
B. INCIDENT INFORMATION	DATE OF REPORT		<input type="checkbox"/> THE FINDING THAT ALLEGATIONS OF CHILD ABUSE OR SEVERE NEGLECT IS SUBSTANTIATED (PC sections 11165.12(b) and 11169(a))										
	DATE OF INCIDENT		TYPE OF ABUSE (Check one or more)										
<input type="checkbox"/> PHYSICAL INJURY		<input type="checkbox"/> MENTAL/EMOTIONAL SUFFERING		<input type="checkbox"/> SEXUAL ABUSE, ASSAULT, EXPLOITATION									
<input type="checkbox"/> SEVERE NEGLECT		<input type="checkbox"/> WILLFUL HARMING/ENDANGERMENT			<input type="checkbox"/> UNLAWFUL CORPORAL PUNISHMENT OR INJURY								
C. AMENDED REPORT INFORMATION	ORIGINAL AGENCY REPORT NUMBER/CASE NAME				DATE OF INCIDENT		TYPE OF ABUSE						
	<input type="checkbox"/> NOW UNFOUNDED OR INCONCLUSIVE <input type="checkbox"/> ADDED ADDITIONAL INFORMATION <input type="checkbox"/> CORRECTED REPORT INFORMATION <input type="checkbox"/> UNDERLYING INVESTIGATIVE FILE NO LONGER AVAILABLE												
COMMENTS													
D. INVOLVED PARTIES	NAME:                          Last                          First                          Middle				AKA			DOB	Approx. AGE	<input type="checkbox"/> MALE	RACE *		
	DID VICTIM'S INJURIES RESULT IN DEATH?				IS VICTIM DEVELOPMENTALLY DISABLED (4512(a) W&I)?								
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN								
	NAME:                          Last                          First                          Middle				AKA			DOB	Approx. AGE	<input type="checkbox"/> MALE	RACE *		
	DID VICTIM'S INJURIES RESULT IN DEATH?				IS VICTIM DEVELOPMENTALLY DISABLED (4512(a) W&I)?								
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN								
	NAME:                          Last                          First                          Middle				AKA			DOB	Approx. AGE	<input type="checkbox"/> MALE	RACE *		
	DID VICTIM'S INJURIES RESULT IN DEATH?				IS VICTIM DEVELOPMENTALLY DISABLED (4512(a) W&I)?								
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN								
	NAME:                          Last                          First                          Middle				AKA			DOB	Approx. AGE	<input type="checkbox"/> MALE	RACE *		
	SUSPECT IS AGE 17 OR YOUNGER				<input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	Approx. AGE	HGT	WGT	EYE	HAIR	<input type="checkbox"/> MALE	RACE *
					<input type="checkbox"/> FEMALE								
	ADDRESS                          Street				City		State	Zip Code	SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER	
	RELATIONSHIP TO VICTIM: <input type="checkbox"/> PARENT/STEPPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> FRIEND/ACQUAINTANCE <input type="checkbox"/> STRANGER												
	NAME:                          Last                          First                          Middle				DOB			Approx. AGE	<input type="checkbox"/> MALE	RACE *			
					<input type="checkbox"/> FEMALE								
NAME:                          Last                          First                          Middle				DOB			Approx. AGE	<input type="checkbox"/> MALE	RACE *				
				<input type="checkbox"/> FEMALE									
NAME:                          Last                          First                          Middle				DOB			Approx. AGE	<input type="checkbox"/> MALE	RACE *				
				<input type="checkbox"/> FEMALE									
NAME:                          Last                          First                          Middle				DOB			Approx. AGE	<input type="checkbox"/> MALE	RACE *				
				<input type="checkbox"/> FEMALE									

**\* RACE CODES:**

**W - White**  
**B - Black**  
**H - Hispanic**  
**I - American Indian**  
**F - Filipino**  
**P - Pacific Islander**  
**S - Samoan**

**C - Chinese**  
**J - Japanese**  
**A - Other Asian**  
**Z - Asian Indian**  
**D - Cambodian**  
**G - Guamanian**

**U - Hawaiian**  
**K - Korean**  
**L - Laotian**  
**V - Vietnamese**  
**O - Other**  
**X - Unknown**