



## 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>																
<b>A. SUBMITTING AGENCY</b>	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>B. INCIDENT INFORMATION</b>	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		
<b>C. AMENDED REPORT INFORMATION</b>	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															
<b>VICTIM(S)</b>	NAME: Last    First    Middle			AKA			DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> Nonbinary/Unspecified	<input type="checkbox"/> FEMALE <input type="checkbox"/> Unspecified	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			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN									
	NAME: Last    First    Middle			AKA			DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> Nonbinary/Unspecified	<input type="checkbox"/> FEMALE <input type="checkbox"/> Unspecified	RACE *				
<b>D. INVOLVED PARTIES</b>	NAME: Last    First    Middle			AKA			DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> Nonbinary/Unspecified	<input type="checkbox"/> FEMALE <input type="checkbox"/> Unspecified	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			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN									
	NAME: Last    First    Middle			AKA			DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> Nonbinary/Unspecified	<input type="checkbox"/> FEMALE <input type="checkbox"/> Unspecified	RACE *				
<b>SUSPECT</b>	NAME: Last    First    Middle			AKA			DOB		Approx. AGE	HGT	WGT	EYE	HAIR	<input type="checkbox"/> MALE <input type="checkbox"/> Nonbinary/Unspecified	<input type="checkbox"/> FEMALE <input type="checkbox"/> Unspecified	RACE *
	SUSPECT IS AGE 17 OR YOUNGER						<input type="checkbox"/> YES <input type="checkbox"/> NO									
	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																
<b>OTHER</b>	NAME: Last    First    Middle			AKA			DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> Nonbinary/Unspecified	<input type="checkbox"/> FEMALE <input type="checkbox"/> Unspecified	RACE *				
	NAME: Last    First    Middle			AKA			DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> Nonbinary/Unspecified	<input type="checkbox"/> FEMALE <input type="checkbox"/> Unspecified	RACE *				
	NAME: Last    First    Middle			AKA			DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> Nonbinary/Unspecified	<input type="checkbox"/> FEMALE <input type="checkbox"/> Unspecified	RACE *				
	NAME: Last    First    Middle			AKA			DOB		Approx. AGE	<input type="checkbox"/> MALE <input type="checkbox"/> Nonbinary/Unspecified	<input type="checkbox"/> FEMALE <input type="checkbox"/> Unspecified	RACE *				

**\* 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**