STATE OF CALIFORNIA
BCIA 8583
(Rev. 06/2024)

ADOPT

DEPARTMENT OF JUSTICE


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# CHILD ABUSE OR SEVERE NEGLECT INDEXING FORM

**To be completed by Submitting Child Protective Agency pursuant to Penal Code (PC) section 11169**

☐ **INITIAL REPORT**

☐ **AMENDED REPORT (~~attach copy of original BCIA 8583.~~ Complete sections A, C, and all other applicable fields)**

DOJ USE ONLY
RCN AGENCY

## A. SUBMITTING AGENCY

SUBMITTING AGENCY (Enter complete name and check type) | ☐ WELFARE ☐ 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 | ☐ THE FINDING THAT ALLEGATIONS OF CHILD ABUSE OR SEVERE NEGLECT ARE SUBSTANTIATED (PC sections 11165.12, subdivision (b), and 11169, subdivision (a))

DATE OF INCIDENT | TYPE OF ABUSE (Check one or more) ☐ PHYSICAL INJURY ☐ MENTAL/EMOTIONAL SUFFERING ☐ SEXUAL ABUSE, ASSAULT, EXPLOITATION ☐ SEVERE NEGLECT ☐ WILLFUL HARMING/ENDANGERMENT ☐ UNLAWFUL CORPORAL PUNISHMENT OR INJURY

## C. AMENDED REPORT INFORMATION

ORIGINAL AGENCY REPORT NUMBER/CASE NAME _____ INITIAL REPORT SUBMISSION DATE _____ DATE OF INCIDENT _____ TYPE OF ABUSE _____

☐ NOW UNFOUNDED OR INCONCLUSIVE ☐ ADDED ADDITIONAL INFORMATION ☐ CORRECTED REPORT INFORMATION ☐ UNDERLYING INVESTIGATIVE FILE NO LONGER AVAILABLE

COMMENTS

## D. INVOLVED PARTIES

### VICTIM(S)

NAME: Last First Middle | AKA | DOB | ~~Approx. AGE~~ | ☐ MALE ☐ FEMALE | RACE *

☐ NONBINARY/UNSPECIFIED

DID VICTIM'S INJURIES RESULT IN DEATH? ☐ YES ☐ NO ☐ UNKNOWN

IS VICTIM DEVELOPMENTALLY DISABLED (Welf. & Inst. Code section 4512, subdivision (a))? ☐ YES ☐ NO ☐ UNKNOWN

NAME: Last First Middle | AKA | DOB | ~~Approx. AGE~~ | ☐ MALE ☐ FEMALE | RACE *

☐ NONBINARY/UNSPECIFIED

DID VICTIM'S INJURIES RESULT IN DEATH? ☐ YES ☐ NO ☐ UNKNOWN

IS VICTIM DEVELOPMENTALLY DISABLED (Welf. & Inst. Code section 4512, subdivision (a))? ☐ YES ☐ NO ☐ UNKNOWN

NAME: Last First Middle | AKA | DOB | ~~Approx. AGE~~ | ☐ MALE ☐ FEMALE | RACE *

☐ NONBINARY/UNSPECIFIED

DID VICTIM'S INJURIES RESULT IN DEATH? ☐ YES ☐ NO ☐ UNKNOWN

IS VICTIM DEVELOPMENTALLY DISABLED (Welf. & Inst. Code section 4512, subdivision (a))? ☐ YES ☐ NO ☐ UNKNOWN

### SUSPECT

NAME: Last First Middle | AKA

SUSPECT IS AGE 17 OR YOUNGER ☐ YES ☐ NO | DOB | ~~Approx. AGE~~ | HGT | WGT | EYE | HAIR | ☐ MALE ☐ FEMALE | RACE *

☐ NONBINARY/UNSPECIFIED

ADDRESS Street | City | State | ZIP Code | SOCIAL SECURITY NUMBER | DRIVER'S LICENSE NUMBER

RELATIONSHIP TO VICTIM: ☐ PARENT/STEPPARENT ☐ SIBLING ☐ OTHER RELATIVE ☐ FRIEND/ACQUAINTANCE ☐ STRANGER

### OTHER

NAME: Last First Middle | DOB | ~~Approx. AGE~~ | ☐ MALE ☐ FEMALE | RACE *

☐ NONBINARY/UNSPECIFIED

NAME: Last First Middle | DOB | ~~Approx. AGE~~ | ☐ MALE ☐ FEMALE | RACE *

☐ NONBINARY/UNSPECIFIED

NAME: Last First Middle | DOB | ~~Approx. AGE~~ | ☐ MALE ☐ FEMALE | RACE *

☐ NONBINARY/UNSPECIFIED

NAME: Last First Middle | DOB | ~~Approx. AGE~~ | ☐ MALE ☐ FEMALE | RACE *

☐ NONBINARY/UNSPECIFIED

***RACE CODES:**

| | | | | |
|---|---|---|---|---|
| **W - White** | **C - Chinese** | **U - Hawaiian** | **P - Pacific Islander** | **F - Filipino** |
| **B - Black** | **J - Japanese** | **K - Korean** | **G - Guamanian** | **D - Cambodian** |
| **H - Hispanic** | **A - Other Asian** | **L - Laotian** | **S - Samoan** | **I - American Indian** |
| **Z - Asian Indian** | **V - Vietnamese** | **X - Unknown** | **O - Other** | |

# CHILD ABUSE OR SEVERE NEGLECT INDEXING FORM

## Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Penal Code section 11170~~, subdivision (f)~~. The CJIS Division uses this information for the purpose**s** of ~~**requesting a self inquiry of**~~**maintaining or disseminating records within** the CACI. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. DOJ's general privacy policy is available at: **http://oag.ca.gov/privacy-policy**.

**Providing Personal Information.** All the personal information requested in the form must be provided.

**Access to Your Information.** You may review the records maintained by the CJIS Division in DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to ~~**request a self inquiry of**~~**disseminate records within** the CACI, we may need to share the information you give us ~~**with any requesting person identifying the date of the report and the submitting agency who reported the information**~~**.**

The information you provide may ~~**also**~~ be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes; or

- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the CACI Response Unit **Analyst** by phone at (916) 210-4092, by email at **caci-inquiry@doj.ca.gov**, or via mail at:

California Department of Justice
Bureau of Criminal Information and Analysis
CACI Response Unit
P.O Box 903387
Sacramento, CA 94203-3870