

# RESPONDING TO AN ALLEGATION OF SUSPECTED CHILD ABUSE

Procedures for Pastoral Response and Mandated Reporting of any allegation of sexual abuse of a minor.

**LISTEN:** First and foremost, listen compassionately, validate the courage of the person making the report and apologize for any pain the reporting person is feeling.

**GET BASIC FACTS:** Name(s), address(es), phone number(s) of the victim, the alleged perpetrator, the person making the report and any witnesses (if available). Refer to the Report Form on the back. Do not investigate the incident.

**IMMEDIATELY REPORT:** Child Abuse Hot Line (800) 540-4000  
Victim Assistance Ministry (213) 637-7650  
Or your local police station.  
**For Hearing Impaired: TDD (800) 272-6699**

When you call in the Report, get name/phone number of the person taking the Report, any case number and the address for mailing the written Report Form.

**CONSIDER:** Asking the person or persons making the allegation to join you when you call in the Report. If the reporting person is an adult, encourage him or her to also report the allegation directly.

**DOCUMENT:** Complete the Suspected Child Abuse Report Form. (see reverse side)  
Mail it to the address you receive from the person you called to make the Report. (Must be mailed within 36 hours of your call).  
FAX a copy of the Report to the Archdiocesan Victim Assistance Ministry Office, (213) 637-6650. Keep a copy for your records.

If the Hot Line or Police decline to take the Report over the phone, get the name and badge number of the person to whom you are speaking. Write this information, along with the note "declined to take report" and the date and time of the call, on the Report Form. Keep a copy for your records.  
FAX a copy of the Report to the Archdiocesan Victim Assistance Ministry Office, (213) 637-6650.

**OUTREACH:** Call (213) 637-7650, the Archdiocesan Victim Assistance Ministry Office, for information on counseling and other outreach to the victim(s) and the reporting person(s).

**CONCLUDE:** Offer reassurance, hope and continued support.

**Child Abuse Forms:** A copy of the Suspected Child Abuse Report Form SS 8572 is on the reverse side. It is also available at <http://ag.ca.gov/childabuse/forms.php>

**Note:** Mandated Reporting is required where the victim is a current minor. If the victim is not a current minor get all of the information outlined above and call the Archdiocesan Victim Assistance Ministry Office (213) 637-7650 to make a non-mandated report and to arrange for outreach.

# SUSPECTED CHILD ABUSE REPORT

To Be Completed by Reporting Party  
Pursuant to Penal Code Section 11166

A. CASE IDENTIFICATION	TO BE COMPLETED BY INVESTIGATING CPA
	VICTIM NAME: _____
	REPORT NO./CASE NAME: _____
DATE OF REPORT: _____	

B. REPORTING PARTY	NAME/TITLE		
	ADDRESS		
	PHONE ( )	DATE OF REPORT	SIGNATURE

C. REPORT SENT TO	<input type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFF'S OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION			
	AGENCY		ADDRESS	
	OFFICIAL CONTACTED		PHONE ( )	DATE/TIME

D. INVOLVED PARTIES	VICTIM		NAME (LAST, FIRST, MIDDLE)		ADDRESS			BIRTHDATE	SEX	RACE	
	PRESENT LOCATION OF CHILD					PHONE ( )					
	SIBLINGS		NAME	BIRTHDATE	SEX	RACE	NAME	BIRTHDATE	SEX	RACE	
	1.	2.	3.	4.	5.	6.					

D. INVOLVED PARTIES	PARENTS		NAME (LAST, FIRST, MIDDLE)		BIRTHDATE	SEX	RACE	NAME (LAST, FIRST, MIDDLE)		BIRTHDATE	SEX	RACE
	ADDRESS				ADDRESS							
	HOME PHONE ( )		BUSINESS PHONE ( )		HOME PHONE ( )		BUSINESS PHONE ( )					

IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX.

1. DATE/TIME OF INCIDENT	PLACE OF INCIDENT	(CHECK ONE)	<input type="checkbox"/> OCCURRED	<input type="checkbox"/> OBSERVED
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IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:

FAMILY DAY CARE   
 CHILD CARE CENTER   
 FOSTER FAMILY HOME   
 SMALL FAMILY HOME   
 GROUP HOME OR INSTITUTION

2. TYPE OF ABUSE: (CHECK ONE OR MORE)

PHYSICAL   
 MENTAL   
 SEXUAL ASSAULT   
 NEGLECT   
 OTHER

3. NARRATIVE DESCRIPTION:

4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED:

5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD:

SS 8572 (Rev. 1/93)

## INSTRUCTIONS AND DISTRIBUTION ON REVERSE

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) an active investigation has been conducted and (2) the incident is not unfounded.

Police or Sheriff-WHITE Copy; County Welfare or Probation-BLUE Copy; District Attorney-GREEN Copy; Reporting Party-YELLOW Copy