



CHILD ABUSE OR SEVERE NEGLECT INDEXING FORM

REPORTING REQUIREMENTS

Agencies mandated by Penal Code section 11169 must report all substantiated cases of child abuse or severe neglect, as defined in Penal Code sections 11165.1, 11165.2, subdivision (a), 11165.3, 11165.4, 11165.5, and 11165.12, to the California Department of Justice (DOJ) using a BCIA 8583. This reporting process supports child protection efforts and contributes to ongoing investigations.

SUBMITTING THE FORM

- Promptly submit reports after the investigation is completed.
- Ensure all fields are accurate and complete, as missing or incorrect information may delay processing.

INCIDENTS THAT MUST BE REPORTED

A report must be submitted for any substantiated abuse involving a minor (under 18) in the following categories (*Refer to Penal Code sections 11165.1, 11165.2, subdivision (a), 11165.3, 11165.4, 11165.5, and 11165.12 for definitions.*):

- Physical injury
- Willful harming or endangerment
- Mental or emotional suffering
- Unlawful corporal punishment or injury
- Sexual abuse, assault, or exploitation
- Death
- Severe neglect

FORM COMPLETION GUIDELINES

A BCIA 8583 must be fully completed before submission. Incomplete forms will be returned with a request for missing information. Below are the required details for a complete submission.

1. INITIAL VS. AMENDED REPORTS

- Check the appropriate box to indicate if the form is an initial report or an amended report.

2. SUBMITTING AGENCY INFORMATION (SECTION A)

- Enter the full name of the submitting agency.
- Check either the welfare or probation box (only one may be selected).
- Provide the agency report number or case name (at least one is required).
- List the agency's address, including street, city, state, and ZIP code.
- Include the name and title of the submitting agency's designated point of contact.
- Provide a contact telephone number for follow-up inquiries.



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3. INCIDENT INFORMATION (SECTION B)

- Enter the report submission date.
- Enter the exact or approximate date of the incident (i.e., MM/DD/YYYY).
- Indicate whether the allegations are substantiated.
- Select the type(s) of abuse that apply (multiple selections allowed).

4. AMENDED REPORT INFORMATION (SECTION C)

- Use this section only to update previously submitted information.
- Provide the agency report number or case name (at least one is required).
- Provide the initial report submission date (i.e., MM/DD/YYYY).
- Enter the exact or approximate date of the incident (i.e., MM/DD/YYYY).
- Enter the type(s) of abuse.
- Select how the report is being amended (unfounded or inconclusive, new information, correction, or investigative file no longer available).
- Enter comments: Specify changes related to a particular victim or suspect in cases involving multiple individuals.

5. INVOLVED PARTIES (SECTION D)

VICTIM(S):

- Enter the victim's last and first name.
- Provide the victim's date of birth.
- Indicate the victim's gender.

SUSPECT:

- Enter the suspect's last and first name.
- Provide the suspect's date of birth.
- Indicate whether the suspect is 17 years or younger.
- Indicate the suspect's gender.
- Select the suspect's relationship to the victim (only one may be checked).

6. ADDITIONAL NOTES:

- Each BCIA 8583 form may contain only one suspect. If there are multiple suspects, separate forms must be submitted.
- Information such as race, height, weight, hair and eye color, Social Security number, and driver's license number is optional and may be left blank.
- The boxes indicating whether the victim's injuries resulted in death or if the victim is developmentally disabled may be checked or left blank.
- Victims: Multiple victims may be listed on one form.
- Other Interested Parties: Indicate if applicable.



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REJECTION AND RESUBMISSION PROCESS

If a BCIA 8583 is missing required information, DOJ will return it to the submitting agency's designated point of contact listed on the BCIA 8583 along with a letter listing the deficiencies. The agency must promptly provide the missing details and resubmit the corrected form. If the agency cannot provide the required information, it should discontinue the submission rather than resubmit an incomplete form.

SUBMISSION ADDRESS

California Department of Justice
Bureau of Criminal Information and Analysis
P.O. Box 903387
Sacramento, CA 94203-3870
ATTN: Child Abuse Central Index (CACI)



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To be completed by Submitting Child Protective Agency pursuant to Penal Code (PC) section 11169		DOJ USE ONLY RCN AGENCY
<input type="checkbox"/> INITIAL REPORT		
<input type="checkbox"/> AMENDED REPORT (Complete sections A, C, and all other applicable fields)		

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 ARE SUBSTANTIATED (PC sections 11165.12, subdivision (b), and 11169, subdivision (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	INITIAL REPORT SUBMISSION DATE	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			

VICTIM(S)	NAME: Last First Middle	AKA	DOB	RACE * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY/UNSPECIFIED				
	DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		IS VICTIM DEVELOPMENTALLY DISABLED (Welf. & Inst. Code section 4512, subdivision (a))? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
	NAME: Last First Middle	AKA	DOB	RACE * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY/UNSPECIFIED				
	DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		IS VICTIM DEVELOPMENTALLY DISABLED (Welf. & Inst. Code section 4512, subdivision (a))? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
	NAME: Last First Middle	AKA	DOB	RACE * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY/UNSPECIFIED				
DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		IS VICTIM DEVELOPMENTALLY DISABLED (Welf. & Inst. Code section 4512, subdivision (a))? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
D. INVOLVED PARTIES SUSPECT	NAME: Last First Middle		AKA					
	SUSPECT IS AGE 17 OR YOUNGER <input type="checkbox"/> YES <input type="checkbox"/> NO		DOB	HGT	WGT	EYE	HAIR	RACE * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY/UNSPECIFIED
	ADDRESS Street	City	State	ZIP Code	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
	RELATIONSHIP TO VICTIM: <input type="checkbox"/> PARENT/STEEPPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> FRIEND/ACQUAINTANCE <input type="checkbox"/> STRANGER							
	NAME: Last First Middle			DOB	RACE * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY/UNSPECIFIED			
NAME: Last First Middle			DOB	RACE * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY/UNSPECIFIED				
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NAME: Last First Middle			DOB	RACE * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> 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	



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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. The CJIS Division uses this information for the purposes 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 disseminate records within the CACI, we may need to share the information you give us.

The information you provide may 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