COMMONWEALTH OF MASSACHUSETTS
DISABLED PERSONS PROTECTION COMMISSION
ABUSE REPORTING FORM

Please call 1-800-426-9009 to file an oral report.
This form should be returned within 48 hours of the oral report.
Mail to: DPPC, 300 Granite Street, Suite 404, Braintree, MA 02184
Fax to: (857)403-0296 Attn: Hotline
or email to: DPPChotline@massmail.state.ma.us

REPORTER INFORMATION:

Name: _____ Occupation: _____
Agency: _____ Address: _____
Telephone #: _____
Alternate Telephone#: _____

INFORMATION ON THE ALLEGED VICTIM OF ABUSE:

Name: _____
Address: _____
Tel. #: _____
DOB or approximate age if DOB not known: _____ Gender: _____
Preferred language or communication needs:_____
Disability:_____
►What assistance does the person require because of his/her disability: _____
Agency served by: _____

DESCRIPTION OF ABUSE:

Description of the incident of alleged abuse and/or condition of neglect. (Include names, dates, times, and specific facts and any information regarding prior incidents of abuse/neglect): _____

OTHER DETAILS:

►Describe any injuries in detail, including size, shape, location, etc. Indicate any medical treatment required: _____

_____

►Describe any emotional injury and how it affected the Victim's ability to function:

_____

►If abuse is sexual in nature, were police notified (name of department) and was medical treatment provided? _____

_____

►Who was responsible for the care and supervision of the Victim at the time of the incident?
Name:_____ Telephone #:_____
Relationship/position:_____

►Is there something that the victim's caretaker could have done to prevent the incident?
Please describe:_____

_____

ALLEGED ABUSER INFORMATION:

►Person alleged to have abused or neglected the Victim:
Name:_____
Telephone#:_____
Address, if known:_____
Relationship to the Victim (i.e. relative, direct care staff, another client, etc):_____
►Does this person provide any care or assistance to the Victim? Please explain the nature of the assistance provided: _____

_____

COLLATERALS:

►Persons or agencies involved or knowledgeable about the Victim:
1. Name _____
Relationship _____ Agency: _____
Telephone #: _____

2. Name _____
Relationship _____ Agency: _____
Telephone #: _____

RISK:

►Does the person alleged to have abused the Victim still have access to or caretaker responsibility for the Victim?

_____

►What actions have already been taken to protect the Victim from further abuse or neglect?

_____

_____

►Do you believe that the Victim is at continued risk of harm? If so, what actions need to occur to protect the Victim?

_____

_____

►What is the current location of the ALV:
Address:_____
Telephone #:_____
Program name (if applicable): _____

Was an oral report filed: ☐ Yes ☐ No
If not, please call (800)426-9009 to file an oral report.
If so, indicate date and time filed. Date:_____ Time:_____
****PLEASE ATTACH ADDITIONAL INFORMATION IF NECESSARY.**

_____ _____ _____
Signature of Reporter **Date** **Time**