



**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