

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: <u>DPPChotline(a)massmail.state.ma.us</u>			
REPORTER INFORMATION:			
Nama:			
Name: Occupation: Agency: Address:			
Telephone #:			
Alternate Telephone#:			
INFORMATION ON THE ALLEGED VICTIM OF ABUSE:			
Nama:			
Name:			
Address:			
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):			
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OTHER DETAILS.				
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 #:				
Name: Telephone #: Relationship/position:				
► Is there something that the victim's caretaker could have done to prevent the incident?				
Please describe				
Please describe:				
ALLEGED ABUSER INFORMATION:				
ALLEGED ADUSER INFORMATION:				
Dayson alloged to have abused on weeks at all the X7'-4'				
► 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):				
etc):  Does this person provide any care or assistance to the Victim? Please explain the nature of the assistance provided:				
of the assistance provided:				
<u>COLLATERALS</u> :				
▶ Persons or agencies involved or knowledgeable about the Victim:				
1. Name				
Relationship Agency:				
Telephone #:				
2. Name				
Relationship Agency: Telephone #:				
z cicpuone #.				

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 occur to protect the Victim?	continued risk of harm?	If so, what actions need to		
► What is the current location of the Address:				
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Was an oral report filed: Yes If not, please call (800)426-9009 to file If so, indicate date and time filed. **PLEASE ATTACH ADDITIONAL INFORM	an oral report.  Date: Time:			
Signature of Reporter	Date	Time		