Commission for the Protection of Persons with Disabilities
M.G.L. c. 19C / 118 CMR
Death Reporting Form

Instructions: This form should be filed with the Commission for the Protection of Persons with Disabilities within 48 hours of filing an oral report.

Methods of Submission:

Email: CPPDhotline@mass.gov

Fax: (857) 403-0296

Mail: CPPD, 300 Granite Street, Suite 404, Braintree, MA 02184

If you have not filed an oral report, please call 1-800-426-9009.

REPORTER INFORMATION

First Name: Last Name:

Street Address:

City/Town: State: Zip Code:

Telephone Number:

Email:

Agency:

Association/Relationship to Alleged Victim:

INFORMATION ON THE DECEDENT

First Name: Last Name:

Street Address:

City/Town: State: Zip Code:

Telephone Number:

DOB:

Gender Identity: Male Female Transgender

Primary Disability:

Acquired Brain Injury
Blind/Visual Impairment
Deaf/HOH
I/DD
Mental Illness
Physical Disability

Other Disabilities or Known Medical Conditions:

State Agency Providing Services at time of death: (indicate all that apply):

DCF DDS DMH DPH EOEA MRC

Type of assistance required by the Decedent due to his/her disability at the time of death (indicate all that apply):

Personal care (bathing, toileting, dressing, feeding)
Ambulation
Transfers
Transportation
Special diet/food prep
Money management
Residential care
Day/vocational/clubhouse program care
Job coach/skills training
Inpatient psychiatric care
1:1 supervision
Medication administration
Supervision
Total care
None

DETAILS REGARDING THE DEATH

Date of Death: Time of Death:

Cause of Death:

Location of Death:

Address:

City/Town: State: Zip Code:

Program / Facility Name:

Is there any reason to believe the death was the result of abuse or neglect or that there were any unusual or suspicious circumstances surrounding the death? Yes No

If yes, explain:

Have the Police been notified? Yes No

If yes, what actions were taken?

Law Enforcement Contact Name:

Telephone Number:

Was the Medical Examiner notified? Yes No Unknown

Was an autopsy conducted? Yes No Unknown

PERSONS OR AGENCIES INVOLVED OR KNOWLEDGEABLE ABOUT THE DECEDENT OR THE CIRCUMSTANCES SURROUNDING THE DEATH:

Name:

Relationship:

Telephone Number:

ADDITIONAL INFORMATION OR COMMENTS

VERIFICATION

Was an oral report filed with CPPD's Hotline? Yes No

Date Filed: Time Filed: AM/PM Case Number:

If you have not filed an oral report, please call **1-800-426-9009** to do so.

Signature of Reporter:
Print Name:
Date: