The Commonwealth of Massachusetts

Commission for the Protection of Persons with Disabilities

300 Granite Street | Suite 404 | Braintree | Massachusetts | 02184

Request for Records of the Commission for the Protection of Persons with Disabilities

Name: _____

CPPD Case Number(s) (If known): _____

Description of Record(s) Requested: _____

_____

_____

Please indicate how you believe you are identified in the allegation:

☐ I am the Alleged Victim

☐ I am a guardian of the Alleged Victim **(*Please include a copy of the decree or letter of authority with this request)**

☐ I am identified as an Alleged Abuser

☐ I was a witness and/or reporter interviewed during the investigation

☐I am an attorney representing a data subject of the allegation. **(*Please submit correspondence identifying the data subject and confirming your representative status**)

Other: _____

Please send the requested report via:

Email: _____

Mailing Address: _____

_____

I understand that all confidential and personally identifying information of third parties that is contained in the requested records will be redacted (blacked out) as required by applicable laws and regulations. However, the records may contain information that is confidential or personally identifying to me or another individual based upon my legal representative status. I understand that I should appropriately safeguard any such confidential and personally identifying information.

_____ _____

Date Name of Requestor (Printed)

_____

Signature of Requestor

Return completed form to:
CPPDRecords@mass.gov

OR

Mail to:

The Office of the General Counsel

Commission for the Protection of Persons with Disabilities

300 Granite Street, Suite 404

Braintree, MA 02184