

## **Access to DPPC Records**

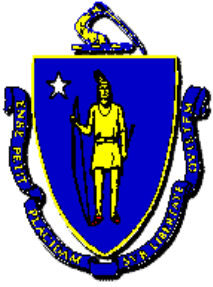
For the purposes of dissemination, the records of the Disabled Persons Protection Commission (“DPPC”), including Investigation Reports and any other documents maintained by and within the custody of DPPC, are not public records.” M.G.L. c. 19C, § 3; M.G.L. c. 66 & 66A; 118 CMR 9.00. Therefore, before being disseminated, all DPPC documents must comply with the laws and regulations under which DPPC operates regarding the protection of confidential and personally identifying information.

The DPPC requires that all requests for Investigation Reports be made in writing. Investigation Reports are not automatically mailed to individuals involved in the investigation. The only exception to this policy is for individuals against whom there is a finding of substantiated abuse. All other individuals interested in receiving a copy of an Investigation Report must make a request in writing.

All requests for a DPPC Investigation Report or document must be made in writing to:

The Office of the General Counsel  
Disabled Persons Protection Commission  
300 Granite Street, Suite 404  
Braintree, MA 02184

To facilitate your request for DPPC documents, please use the attached Request for Records form.



# The Commonwealth of Massachusetts Disabled Persons Protection Commission

## Request for Records

I, \_\_\_\_\_, request a copy of the Investigation Report completed for the Disabled Persons Protection Commission, ("DPPC") pursuant to M.G.L. c. 19C. The DPPC Case Number is \_\_\_\_\_.

This investigation was conducted by \_\_\_\_\_.

My relationship to the Alleged Victim or Alleged Abuser involved in this case is as follows:

\_\_\_\_\_  
\_\_\_\_\_

Please forward a copy of the requested report to me at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If requesting party is guardian for the alleged victim of abuse or other person with a disability involved in the case, please attach a copy of your guardian appointment papers.**

I understand that all confidential and personally identifying information of third parties that is contained in the Investigation Report will be redacted (blacked out) as required by applicable laws and regulations. However, the Investigation Report may contain information that is confidential or personally identifying to me or to a third party whose information I am authorized to receive. 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:

The Office of the General Counsel  
Disabled Persons Protection Commission  
300 Granite Street, Suite 404  
Braintree, MA 02184