(Date)

Name of law enforcement agency

Address of law enforcement agency

# RE: (Consumer name)

 Date of Birth: Month/day/year

 SSN: xxx-xx-xxxx

 Location: City, town or county

 Date of death: Month/day/year

In accordance with our contract with the Missouri Department of Mental Health (DMH), (insert name of agency) is authorized to conduct mortality reviews and death investigations related to deaths involving DMH consumers under the following circumstances:

Death of a child

Homicide

Suicide

Death due to an inadequate standard of care

Accidental drug overdose

In order to complete a thorough mortality review and death investigation, (insert name of agency) is requesting a copy of the law enforcement report regarding (insert consumer name). The law enforcement report may be faxed to my attention at ###-###-#### (preferred method of delivery) or mailed to my attention at the above address. Your cooperation in expediting this request is greatly appreciated. If you have any questions, please feel free to contact me at (phone number). Thank you for your assistance.

Sincerely,

Name

Title