

COMPLAINT INVESTIGATION WITNESS STATEMENT OF FACTS
BEFORE THE KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

State of Kansas, County of _____ Case # _____

In the Matter of: _____
(Alleged Perpetrator's Name)

WITNESS INFORMATION

I was employed as _____ at _____
Job Title Name of Facility

in _____, Kansas. On or about _____ in the year 20____, I was
investigated/witnessed the following incident (describe below) involving _____

Resident(s) Involved

EVENT: In your own words, describe what happened: 1) as accurately as possible; 2) telling when it happened, how it happened and what happened; 3) describing any injury or harm done to the resident(s) and 4) listing the names and titles of other witnesses (if any).

I, _____ of lawful age, being first duly sworn upon my oath, hereby state as follows: I have read the above and foregoing statements (or have had the same read to me); have personal knowledge as to the contents thereof; and that the statements made herein are true and correct.

Signature of Witness, Title

Address

Phone Number

SUBSCRIBED AND SWORN TO before me, the undersigned authority, of this ____ day of

_____, 20____.

Notary Public

My appointment expires: _____