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:	he Matter of:				
		-			
WITNESS INFORMATION	N				
I was employed as	Job Title	at		Name of Facility	
				in the year 20, I was	
		Resident(s) Involv			
		Resident(s) Involv	ed)		
EVENT : In your own words happened and what happened other witnesses (if any).	s, describe what h ed; 3) describing a	appened: 1) as accu ny injury or harm done	rately as possible; 2) to the resident(s) an	telling when it happened, how it ad 4) listing the names and titles of	

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: _____