

**COMPLAINT INVESTIGATION WITNESS STATEMENT OF FACTS
BEFORE THE KANSAS DEPARTMENT ON AGING**

State of Kansas)

County of _____)

Case # _____

In the Matter of: _____

(Insert Alleged Perpetrator's Name)

WITNESS INFORMATION

I _____ *(insert printed name of person making this statement)* was employed as a _____ *(insert printed job title such as CNA, LPN, RN, etc.)* at _____ *(insert the name of facility)*

in _____, Kansas. On or about _____

(insert the complete date (month/day/year) and the time of the incident), I witnessed or investigated the following incident *(describe below)* involving _____

(insert the name of the Resident(s) involved)

EVENT: In your own words, describe what happened: 1) as accurately as possible; 2) tell when it happened, how it happened and what happened; 3) describing any injury or harm to the resident/s; and 4) list the names and titles of other witnesses (if any); 5) sign your statement in the presence of a notary public who will fill in the notary section and apply their stamp or seal.

I, _____ (*insert printed name*) of lawful age, being first duly sworn, on oath, declare the above to be a true statement.

(*Signature of Witness, Title*)

SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this _____ day of _____, 200____.

Signature of Notary Public

(*Apply Stamp or Seal of Notary*)

My appointment Expires: _____