Delaware County Board of Developmental Disabilities
Witness Statement

Name of Individual making statement _____

Address _____ **DOB** _____

Phone # _____ **Date** _____ **Time** _____

Agency you work for _____ **Relationship to eligible individual** _____

Others present during time statement was given _____

Witness Statement: Please describe the incident in detail as it occurred

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Signature of individual making statement **Date**