



# DEVELOPMENTAL DISABILITIES PROGRAM

## Witness Statement

PAGE \_\_\_\_\_ OF \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

NAME OF WITNESS: \_\_\_\_\_

TITLE OF WITNESS: \_\_\_\_\_

EMPLOYER OF WITNESS: X \_\_\_\_\_

**STATEMENT:**


*Witness signature and date required at the end of statement.  
Interviewer signature and date required at the end of statement.  
Any blank space should be X'd out.*

