INDEPENDENT SUPPORT SERVICES INC.

Make your Own Path

Celebrating 20 Years of Self-Direction

Department of QA/CC

Preliminary Witness Statement

Name of witness and title/Relationship: _____

Participant Name: _____ Date of Incident: _____

Please provide a detailed description of the incident that you observed or what was reported to you. This should include dates, times and names. Please note that if you remember additional information after completing this form, you should call the QA/CC dept. at your earliest convenience. All information provided is ***confidential*** and should not be shared with others.

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Signature: _____ **Date**: _____

Return this completed form to the QA/CC department: qualityassurance@issny.org;

OR by mail, "Independent Support Services, Inc. ATTN: QA/CC, 380 Rabro Drive, Hauppauge NY 11788"