ASHTABULA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Name of Individual Interviewed / Making Statement: _____
(Print name)

Address: _____ City: _____

Phone: _____ Date of Birth: _____ Soc. Security #: _____

Employer / Agency Name: _____

Location of Interview: _____ Date: _____ Time: _____

Date of Alleged Incident: _____ Time: _____ Interviewer Initials _____

STATEMENT

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Signature of Individual Making Statement **Date**

Case # _____