NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

OPWDD Form 163
Rev. 6/2015

REPORTABLE ABUSE/NEGLECT
PERSONAL REPRESENT ATIVE NOTIFICATION DOCUMENTATION

To be used for programs certified or operated by OPWDD.
Chapter 394 requires notification within 24 hours for subject of the report and notification within 48 hours for witnesses.
Forms must be included in the full Investigative Record. Use more than one form if necessary.

Agency Name:			
Person Completing Form:			
Date of Incident:	Investigating entity: ☐ Justice Center	☐ OPWDD	☐ Agency
If investigating entity is OPWDD or Justice Center please note date this completed form was provided:			
Date:	Name of Investigator:		
OPWDD Master Incident #:	Justice Center Case #:	Agency Incident #:	

NAME OF INDIVIDUAL RECEIVING SERVICES — Individual is: ☐ Subject of Report ☐ Potential Witness

If the individual receiving services was identified as an **additional** subject of the report or potential witness; please note date:

Name of personal representative:

No personal representative notified: ☐ No personal representative ☐ Individual objects to their personal representative being notified ☐ Personal representative does not wish to be notified ☐ Other

Employee who attempted notification:	Date:	Method of Contact:

☐ Yes ☐ No Personal representative will participate during interview. Method: ☐ in person ☐ via phone ☐ other

NAME OF INDIVIDUAL RECEIVING SERVICES — Individual is: ☐ Subject of Report ☐ Potential Witness

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Employee who attempted notification:	Date:	Method of Contact:

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Employee who attempted notification:	Date:	Method of Contact:

☐ Yes ☐ No Personal representative will participate during interview. Method: ☐ in person ☐ via phone ☐ other

Clear Form

Print Form