



## Incident Management Witness Statement

<b>Member's Name:</b>		<b>Member's TABS ID:</b>	
<b>ACA/NY Region:</b>		<b>Willowbrook Member (Yes/No):</b>	
<b>CM Name:</b>		<b>Date Incident Reported to IM:</b>	
<b>Date CM found out about incident:</b>		<b>Date Incident Occurred:</b>	

Description of Incident—Describe what occurred and how it occurred.	



**What immediate safeguards were put into place? This can include safeguards implemented by member, CM, family, other involved parties, etc. If Law Enforcement was notified, please indicate which agency was notified, the name of the responding officer, and who notified them.**

<b>Submitted to IM by:</b>		<b>Date submitted:</b>	
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Email completed form to [ACAIncidents@myacany.org](mailto:ACAIncidents@myacany.org)  
CC your Assistant Director, Regional Director, and Vice-President on the email  
Document in your Notes the report to Incident Management

**\*\*REMINDER—Email updates about this incident, as they occur but no less than every 3 weeks, until IM notifies you that the incident is closed**