



# Office for People With Developmental Disabilities

**KATHY HOCHUL**  
Governor

**KERRI E. NEIFELD**  
Commissioner

**ROGER BEARDEN, J.D.**  
Executive Deputy Commissioner

## Survey Experience Concerns Form

**Directions:** Form must be filled out completed and signed by the Executive Director and emailed by the Executive Director to [DQIAdmin@opwdd.ny.gov](mailto:DQIAdmin@opwdd.ny.gov). Please include any additional documents that may support the agency's concern along with the completed form, if any.

<b>Agency Name:</b>
<b>Program Address:</b>
<b>Program Type:</b> <b>Site or Community Based:</b>
<b>Program Operating Certificate #:</b>
<b>Date of Occurrence:</b>
<b>Name(s) of OPWDD employees involved in the concern:</b> (1 name per line, if additional space is needed please submit an attachment) 1: _____ 2: _____ 3: _____ 4: _____ 5: _____
<b>BPC Area Director (if known):</b>
<b>Description of Concern:</b> (Provide date/time of the concern and specific details about the occurrence.)

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\_\_\_\_\_  
Executive Director Name

\_\_\_\_\_  
Executive Director Telephone

\_\_\_\_\_  
Executive Director Email

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date