

# Witness Statement Form

**Injured Employee Name:** \_\_\_\_\_

*\* indicates required information*

## Witness Contact Information

\*Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*email: \_\_\_\_\_

\*Department/Unit: \_\_\_\_\_

Job Title: \_\_\_\_\_

## Incident Information

\*Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

\*Relationship to Injured Employee: \_\_\_\_\_

\*Did you see the incident?      Yes      No

\*Please describe the incident that occurred:

Where were you in relation to the injured employee when the incident occurred?

Did you have a clear view of the incident?

\*How did the injured employee act after the incident?

Did you see anyone else who may have seen what happened? If yes, please include names and phone numbers.

## Disclaimer

The information provided is the truth to the best of my knowledge (\*must check box)

Additional Comments;

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*