



Employee Incident Witness Statement

Date and time of incident _____

Date and time report completed _____

Witness name _____ Phone _____

Department _____

Where did the incident occur? _____

What were you doing when you witnessed this incident?

Who else was in the area?

Describe the incident in detail

(Continue on back of this page if more space is needed.)

I have read the above and it is true to the best of my knowledge.

Signature _____ Date _____

Print name _____