

TO BE COMPLETED BY ALL PERSONS LISTED ON EMPLOYEE AND SUPERVISOR REPORTS AS WITNESSES

WITNESS STATEMENT

Name: _____

Were you a witness to an incident involving _____ (employee injured)
on _____? Yes No
(date of incident)

Describe location of incident and approximate time.

Where were you in proximity to incident? (In front, back, etc; number of feet, etc.):

Describe exactly what you saw: _____

Did _____ appear injured? Yes No
(employee injured)

If so, please describe the body part that was involved, what the injury was, and the apparent cause, if you could tell:

Did you speak to _____ at or near the time of the incident? Yes No
(employee injured)

If so, what did he/she tell you? _____

Did you offer any assistance? Yes No

If so, please describe: _____

Have you had any subsequent discussions with _____ regarding the incident? Yes No
(employee injured)

If so, when? _____

What did he/she tell you on this occasion? _____

Please add any additional comments you may have regarding this incident:

Witness Signature

Date