

# WITNESS STATEMENT FORM

The Interviewer shall:

- Inform the witness that this statement is confidential and will only be accessed by authorized persons.
- Allow the witness to answer the questions without persuasion.

Both persons must sign and date the last page of this statement.

<b>Witness Name:</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Employer:</b>		<b>Contact Phone:</b>	
<b>Job Role:</b>		<b>Time in this Role:</b>	
<b>Incident Date:</b>		<b>Time: (24 hour)</b>	
<b>Incident Location:</b>			

## Witness Details Regarding the Incident

**Provide a Description of The Events Leading Up To, During, And Immediately After the Incident**  
(consider what you smelt, heard, felt, saw, etc):



# SAMPLE

**ORDER NOW AND GET FULL ACCESS**

In Your Opinion, How Do You Think the Incident Could Have Been Prevented?

Were There Any Other Witnesses?



# SAMPLE

ORDER NOW AND GET FULL ACCESS