



WITNESS STATEMENT

Name of Employee involved in Incident: _____

Name/Title/Dept of Witness: _____

Witness Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How long have you known the employee/claimant? _____ Years _____ Months _____ N/A

What is your relationship to the employee/claimant? _____

Did you actually see the incident occur? _____ Yes _____ No

If no, how did you hear about it/pertinent sources? _____

PLEASE DESCRIBE IN DETAIL WHAT YOU KNOW ABOUT THIS INCIDENT. PLEASE BE ADVISED, IF FURTHER INFORMATION IS NEEDED, YOU MAY BE CONTACTED FOR ADDITIONAL DETAILS.

Date of Incident: _____ Time of Incident: _____

Location where incident occurred: _____

Please describe in your own words (in detail) how this incident occurred. _____

To your knowledge, was a safety rule violated? _____

What could the employee/claimant have done to have avoided this incident? _____

List the names of anyone else who might know about this incident. _____

Additional Comments: _____

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

Signature _____ Title _____ Date _____

Statement of Equal Opportunity: No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status or disability.