
Employee Witness Statement Example

Employee Information:

- Full Name: _____
- Employee ID: _____
- Position: _____
- Department: _____

Incident Information:

- Date of Incident: _____
- Time of Incident: _____
- Location of Incident: _____

Statement Details:

1. Description of Incident:

- _____
- _____
- _____

2. Persons Involved:

- _____
- _____
- _____

3. Actions Observed:

- _____
- _____
- _____

4. Further Information:

- _____
- _____
- _____

Confirmation:

I confirm that the above information is accurate to the best of my knowledge.

Employee Signature:

- Signature: _____
- Date: _____

Supervisor Review:

- Supervisor Signature: _____
- Date: _____