

Employee Witness Statement Form PDF

Employee Details:

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

Incident Details:

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

Statement:

1. Incident Description:

- _____
- _____
- _____

2. Individuals Involved:

- _____
- _____
- _____

3. Witness Observations:

- _____
- _____
- _____

4. Additional Comments:

- _____
- _____

○ _____

Acknowledgment:

I declare that the above statement is accurate and truthful to the best of my knowledge.

Witness Signature:

- Signature: _____
- Date: _____

Supervisor Signature:

- Signature: _____
- Date: _____