

Employee Witness Statement Form Template Word

Employee Information:

Name: _____

Employee ID: _____

Department: _____

Supervisor: _____

Incident Information:

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Witness Statement:

Description of Incident:

People Involved:

Actions Observed:

Additional Information:

Witness Signature:

Signature: _____

Date: _____

Supervisor Signature:

Signature: _____

Date: _____