

Free Printable Witness Statement Form

Witness Information:

- Name: _____
- Employee Number: _____
- Department: _____
- Supervisor: _____

Incident Details:

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

Witness Statement:

1. Description of Events:

- _____
- _____
- _____

2. People Present:

- _____
- _____
- _____

3. What Was Observed:

- _____
- _____
- _____

4. Additional Notes:

- _____
- _____



○ _____

Signatures:

- **Witness Signature:** _____
- **Date:** _____
- **Supervisor Signature:** _____
- **Date:** _____