

Employee Statement Form PDF

Employee Information

Full Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Contact Number: _____

Statement Details

Date of Incident/Occurrence: _____

Location: _____

Description of Event: _____

Details of Statement

Activity/Observation	Time	Action Taken	Additional Comments

Acknowledgment

I, _____, confirm that the above information is accurate and true to the best of my knowledge.

Employee's Signature: _____

Date: _____

Witness's Name: _____

Witness's Signature: _____

Date: _____