

# Employee Statement Template Word

## Employee Information

Full Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

## Statement Details

Date and Time: \_\_\_\_\_

Purpose of Statement: (e.g., complaint, workplace concern, injury report)

\_\_\_\_\_

Description: Provide a detailed statement regarding the incident or issue.

\_\_\_\_\_

## Resolution or Follow-up Actions

List any actions taken to resolve the issue or any assistance requested.

\_\_\_\_\_

## Acknowledgment

I declare that the information provided is accurate and complete.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_