**Employee Witness Statement Form**

#### **Witness Information**

**Full Name: \_\_\_\_\_\_\_\_\_\_
Employee ID (if applicable): \_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_
Job Title: \_\_\_\_\_\_\_\_\_\_
Supervisor Name: \_\_\_\_\_\_\_\_\_\_**

#### **Incident Overview**

**Date and Time of Incident: \_\_\_\_\_\_\_\_\_\_
Location: \_\_\_\_\_\_\_\_\_\_
Describe what you observed during the incident:**

**Did the incident involve a safety violation or workplace hazard?
☐ Yes ☐ No
If yes, describe: \_\_\_\_\_\_\_\_\_\_**

#### **Additional Comments**

**Provide any other relevant information or details regarding the incident.**

#### **Witness Confirmation**

**I certify that the above statement is true and accurate.**

**Witness Signature: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**

**HR Representative Signature: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**