

# 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:

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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.

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## Witness Confirmation

I certify that the above statement is true and accurate.

Witness Signature: \_\_\_\_\_

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

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

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