

Witness Statement Form

UW Human Resources

Injured Employee Name: _____

** indicates required information*

Witness Contact Information

*Name: _____

Address: _____

City, State, Zip: _____

*Phone: _____

*email: _____

*Department/Unit: _____

Job Title: _____

Incident Information

*Date of Incident: _____ Time of Incident: _____

*Relationship to Injured Employee: _____

*Did you see the incident? Yes No

*Please describe the incident that occurred:

Where were you in relation to the injured employee when the incident occurred?

Did you have a clear view of the incident?

*How did the injured employee act after the incident?

Did you see anyone else who may have seen what happened? If yes, please include names and phone numbers.

Disclaimer

The information provided is the truth to the best of my knowledge (*must check box)

Additional Comments;

Signature

Date