

# Witness Statement for Workplace Injury

## Witness Information

Name:

Enter witness full name

Job Title/Position:

Enter job title or position

Department:

Enter department

Contact Information:

Enter phone or email

## Incident Details

Date of Incident:

YYYY-MM-DD

Time of Incident:

HH:MM

Location of Incident:

Where did the incident happen?

Name of Injured Person:

Full name of injured person

## Statement

Please describe what you witnessed (include what happened before, during, and after the incident):

Type your statement here

Did you see any contributing factors (equipment, conditions, behavior, etc.)?

Describe any contributing factors

Were there other witnesses?

If yes, list names or details

## Additional Comments

Add any further comments or observations

**Signature:**

Sign or print name

**Date:**

YYYY-MM-DD