

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
