

# Employee Statement Under Oath Form

**Instructions:** Please fill out this form with accurate and detailed information regarding the workplace incident you witnessed or were involved in. Your statement will be made under oath and may be used in the course of the incident investigation.

**Employee Name:**

**Employee ID/Number:**

**Department/Position:**

**Date of Incident:**

**Location of Incident:**

**Description of Incident:**

Describe in detail what happened, including the sequence of events and any individuals involved.

**Names of Witnesses (if any):**

List names and contact information, if available.

**Oath Declaration:**

*I, the undersigned, hereby declare and affirm, under penalty of perjury, that the above statement is true and complete to the best of my knowledge and belief.*

**Employee Signature:**

**Date Signed:**