

Witness Statement Form

This **witness statement form** sample is designed to accurately document details of workplace incidents. It helps gather essential information from witnesses to support thorough investigations and ensure safety compliance. Using this form facilitates clear communication and proper record-keeping in the event of an accident.

1. Witness Information

Full Name:

Department/Position:

Contact Number:

2. Incident Information

Date of Incident:

Time of Incident:

Location of Incident:

3. Statement

Please describe in your own words how the incident occurred. Include as much detail as possible (what you saw, heard, and did):

4. Additional Information

Were there other witnesses? If yes, please provide their names:

Were any injuries observed? If yes, please describe:

Witness Signature:

Date Signed:

Submit Statement