**Witness Statement Form**

To be completed by any person who observed an incident, including employees, contractors, or members of the public.

Witness Details

|  |  |
| --- | --- |
| Full Name |  |
| Contact Telephone Number  |  |
| Email Address  |  |
| Job Role/Relationship to Organisation (e.g. employee, contractor, visitor) |  |

|  |  |
| --- | --- |
| Date of Incident (DD/MM/YYYY) |  |
| Time of Incident (24:00) |  |
| Name(s) of Person(s) involved (if known) |  |
| Location of Incident |  |

Was anyone injured? YES [ ]  NO [ ]

Were the police notified? YES [ ]  NO [ ]

Statement (Please describe exactly what you saw/heard, in your own words) Use factual, neutral language. Include descriptions of persons involved, actions taken, dialogue (if any), direction of travel, etc.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_