Print Reset

Witness Statement

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____ Specific Location: _____
Campus or Address Room #, etc.

Your Name: _____ Department: _____

Job Title: _____ Phone Extension: _____

Names of people involved (if known): _____

Where were you positioned at the time of the incident? _____

Were there any other witnesses? _____

Describe the incident you observed:

_____

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_____ _____

Signature of Witness Date

Please forward to Risk Management

09/21/10