Witness Statement Form

For anyone who saw or heard a workplace incident. Please describe only what you personally observed, in your own words.

WITNESS INFORMATION

WITNESS NAME

JOB TITLE / RELATIONSHIP TO EMPLOYEE

PHONE

EMAIL

DATE OF STATEMENT

WHAT YOU OBSERVED

DATE OF INCIDENT

TIME

LOCATION

WHERE WERE YOU WHEN IT HAPPENED / HOW FAR AWAY?

IN YOUR OWN WORDS, DESCRIBE EXACTLY WHAT YOU SAW AND HEARD

☐ The employee said something about the injury. If so, what exactly did they say?

CERTIFICATION

The statement above is true and based on my own direct observation.

Witness signature / date

Received by / date

This template is a practical employer resource, not legal advice. Consult counsel for your jurisdiction.