

Each witness named in the Employee's Description should complete a Witness Statement. The supervisor is responsible for conducting the investigation of the incident and having each witness complete this form. Additional Witness Statement Forms can be found on the Workers' Compensation Section of the HR Website and can be submitted/attached to the Supervisor Incident Report.

**I - Report Information (Completed by Supervisor)**

Employee Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Witness Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**II - Witness Description of Incident**

To be completed by or with the witness present. Additional pages can be attached.

Describe what happened: \_\_\_\_\_  
Did you actually see the incident happen? \_\_\_\_\_  
Where did the incident happen? \_\_\_\_\_  
What do you believe caused the incident to happen? \_\_\_\_\_  
How do you believe could have prevented the incident? \_\_\_\_\_  
Who saw the incident happen? \_\_\_\_\_  
Any additional comments? \_\_\_\_\_

**Witness Certification: The statements provided above are true and accurate to the best of my knowledge.**

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III - Supervisor Comments**

Any additional comments? \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_