

# Employee Witness Incident Testimony Form

*Instructions: Please complete this form to document your witness account of the incident. This form is formatted to be printed and filled out or completed digitally.*

## 1. Witness Contact Information

Full Name:

Job Title:

Department:

Phone Number:

Email Address:

## 2. Incident Details

Date of Incident (MM/DD/YYYY):

Time of Incident (e.g., 10:30 AM):

Specific Location of Incident (e.g., Warehouse A, Room 302):

Name(s) of Individuals Involved in the Incident:

## 3. Witness Testimony & Statement

*Please provide a detailed chronological account of what you saw, heard, or experienced. Be as specific as possible.*

Statement Line 1:

Statement Line 2:

Statement Line 3:

Statement Line 4:

Statement Line 5:

## 4. Additional Witness Context

Describe your physical location/viewpoint when the incident occurred:

Describe environmental conditions, if relevant (e.g., lighting, noise, weather):

Are there any other witnesses to this incident? (List names if known):

## 5. Acknowledgment & Signatures

*By signing below, I certify that the information provided in this testimony is true, accurate, and complete to the best of my knowledge.*

Employee Witness Signature (Print Name):

Date Signed (MM/DD/YYYY):

Supervisor / HR Representative Name:

Supervisor / HR Representative Signature:

Date Received (MM/DD/YYYY):