

Resident Incident Witness Statement Template

This form is used to document statement details from a witness regarding an incident involving a resident. Please fill out all sections as completely and accurately as possible.

1. Witness Information

Full Name:

Phone Number: Email Address:

Home Address:

Relationship to Resident / Facility (e.g., Staff, Visitor, Family, Fellow Resident):

2. Incident Details

Name of Resident Involved:

Date of Incident (MM/DD/YYYY): Time of Incident:

Specific Location of Incident (e.g., Room 102, Dining Hall, Courtyard):

3. Witness Statement

Please describe exactly what you saw, heard, or experienced. Provide as many details as possible (who was involved, what occurred before, during, and after the incident):

4. Acknowledgement and Signature

I hereby certify that the information provided in this statement is true and accurate to the best of my knowledge.

Witness Signature: Date: