WITNESS STATEMENT

Injured Employee Name:_____

Name of Witness:_____

State in detail your knowledge of the circumstances of the incident reported to have occurred on or about_____And involving the above referenced:_____

_____
_____
_____
_____
_____
_____
_____
_____

Are you aware of any incidents or factors which are not job-related that may have caused or contributed to the employees current complaints, and if so, please provide the details:_____

_____
_____
_____
_____
_____

Comments:_____

_____
_____
_____
_____

Signed this _____ Day of _____, 19_____

_____
Witness

_____
Supervisor