Witnessing Employee Information
Name (Last, First): ________________________________________________________________
Contact Information/Work Location: ________________________________________________

Transcriber Information
(Complete if the report is being transcribed by another individual on behalf of the witnessing employee.)
Name (Last, First): ________________________________________________________________
Contact Information/Work Location: ________________________________________________

Incident Information
- Provide the date, time and location of the incident
- Describe, in order of events, what you experienced, heard or witnessed
- Provide names, physical descriptions, and/or other identifying information for all individuals involved
- Identify all other known witnesses

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I declare, under penalty of perjury, that the information provided on this form is accurate and true. If transcribed on my behalf, I certify that this document appropriately reflects my verbal statement.

Signature of Witnessing Employee: __________________________ Date: __________________________