



# INCIDENT WITNESS STATEMENT

Incident # (HSE Use only): 20\_\_ - \_\_

**Please complete a statement for each witness**

Please email to [incident@upei.ca](mailto:incident@upei.ca) or deliver to the locked drop box outside Kelley Memorial Building room 310 (third floor).

**Section C: Witness Statement Information**

Last name:		First name:		Initial
Address:		City:	Province:	
Email address:		Home telephone number:	Work telephone number:	
Department (if applicable):		Department Manager:		

**Section D: Witness Testimony**

Date and time of incident:	Location of incident:
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Name(s) of individuals involved in incident:

Your account of the incident/injury (who, what, where, why and how). Add sketches or attachments as required.

I certify that the above information is true and complete to the best of my knowledge.

Witness (print name):	Witness signature:	Date:
Name of Investigator/Supervisor:	Investigator/Supervisor signature:	Date: