



# 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:	
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: