



SECTION 1 – statement where incident was actually witnessed

This section is to be completed and signed by a person who ACTUALLY WITNESSED the incident happen.

Injured employee:

Name of person making the statement (witness):

Surname: _____

Surname: _____

Christian/given names: _____

Christian/given names: _____

Date of incident(dd/mm/yy): / /

Time of incident: :

am
 pm

Where did the incident occur?

Exact address: _____

Location (eg. mail room): _____

Briefly describe how the incident happened and what in your opinion contributed to it:

Briefly describe the injury/illness sustained or complained of (eg. cuts, bruising, lower back pain, etc):

List name, address and designation (if applicable) of all persons present at the time the incident occurred (if known):

Were police/ambulance called? No Yes (give details) _____

Witness's declaration

I certify that to the best of my knowledge and belief the above information is true and correct in every particular.

Signature: _____

Address:

Print name: _____

Date (dd/mm/yy): / /

Phone (work): _____ (mobile): _____

Position (if employee of the University): _____

Email: _____