



Witness Statement Form

Witness's Name: _____ Date of Incident: _____

Name: _____

College Campus Location

Work Number

STATEMENT

The information I have provided in this report is true and correct to the best of my knowledge. The information report contains everything I can recall.

Date

Witness Signature

Return form to: Health and Safety Manager 1101 S. Yakima Ave, Tacoma, WA 98405