

**Workers' Compensation - Supervisor Incident Report
Witness Statement Form**

Download this form first to use fillable features.

Revised: 03/2022

Each witness named in the Employee's Description should complete a Witness Statement. The supervisor is responsible for conducting the investigation of the incident and having each witness complete this form. Additional Witness Statement Forms can be found on the Workers' Compensation Section of the HR Website and can be submitted/attached to the Supervisor Incident Report.

I - Report Information (Completed by Supervisor)

Employee Name: _____ Date of Incident: _____

Witness Name: _____ Phone Number: _____

II - Witness Description of Incident

To be completed by or with the witness present. Additional pages can be attached.

Describe what happened: _____

Did you actually see the incident happen? _____

Where did the incident happen? _____

What do you believe caused the incident to happen? _____

How do you believe could have prevented the incident? _____

Who saw the incident happen? _____

Any additional comments? _____

Witness Certification: The statements provided above are true and accurate to the best of my knowledge.

Witness Signature: _____ Date: _____

III - Supervisor Comments

Any additional comments? _____

Supervisor Signature: _____ Date: _____

Supervisor Name: _____

The completed Supervisor Incident Report and Witness Statement(s) can be submitted to Human Resources by:
Secure Upload: [SendSecure](#), Mail: PO Box 6889, Fax: 540-831-6278, Delivered in-person: 314 Tyler Avenue 2nd Floor.