Workplace Violence Reporting Form - Witness Report

Today's Date: _____

Date of Incident: _____

Parties Involved: _____

Description of Incident (Minimally include the names of involved employees, extent of injuries, verbal or physical confrontation or attack):

If additional information is needed use the back side of this page.

As a witness to the incident, I provide the above supporting statement without prejudice and attest that the information that I have provided is true.

_____
Witnesses Signature