

Incident Event Witness Report

Witness Information

Full Name

Contact Number

Email Address

Address

Incident Details

Date of Incident

YYYY-MM-DD

Time of Incident

HH:MM

Location of Incident

Persons Involved

List persons involved, if known

Detailed Description of the Incident

Describe what you witnessed in detail

Immediate Action(s) Taken

Describe actions taken immediately after the incident

Additional Comments / Observations

Witness Signature

(Type name if digital signature)

Date of Report

YYYY-MM-DD

Important Notes:

- Ensure the report is accurate and factual; avoid assumptions or personal opinions.
- Complete the report as soon as possible after the incident occurs.
- Include only information personally witnessed; do not include rumors or hearsay.
- Keep the report confidential and share only with authorized parties.
- If unsure about any detail, indicate so in the relevant section.