Employee Witness Statement

Describe only what you personally saw, heard or did. Write what happened in the order it happened, and include times, places and exact words where you remember them. If you are not sure about something, say so. Do not discuss your statement with other witnesses. You will be given a copy if you ask for one.

CASE DETAILS (COMPLETED BY HR OR INVESTIGATOR)

Case / incident reference number

Type of matter

- ☐ Workplace injury or safety incident
- ☐ Harassment or discrimination complaint
- ☐ Misconduct or policy violation
- ☐ Theft, fraud or property damage
- ☐ Workplace violence or threat
- ☐ Other

Date of incident or period covered

Location of incident

Investigator / person taking statement

How the statement was taken

- ☐ Written by witness
- ☐ Written by investigator during interview and reviewed by witness
- ☐ Typed from interview notes and reviewed by witness

WITNESS DETAILS

Full name

Job title

Department / site

Employment type

- ☐ Employee
- ☐ Temporary or agency worker
- ☐ Contractor
- ☐ Customer or visitor
- ☐ Other

Phone

Email

Relationship to the people involved

- ☐ Co-worker
- ☐ Supervisor
- ☐ Direct report
- ☐ No working relationship
- ☐ Other

YOUR ACCOUNT

Where were you, and why were you there?

What did you see, hear or do? Describe events in order, with approximate times.

Exact words used, if you remember them (write "I don't remember the exact words" if not)

Who else was present or nearby?

What happened immediately afterwards?

Have you seen or heard anything similar before? If yes, when?

Are there any documents, messages, photos or recordings you know of that relate to this?

Is there anything else you think is relevant?

Number of additional pages attached

DECLARATION

I confirm that this statement is true and complete to the best of my knowledge. I understand that it may be used in an internal investigation and any process that follows from it, and that it may be shared with people who need to see it for that purpose. I have been told that the company does not tolerate retaliation against anyone who takes part in an investigation in good faith, and that I should report any retaliation to [HR Contact Name] at [Phone / Email].

SIGNATURES

Witness signature _____ Date _____

Date _____

Time _____

Investigator signature _____ Date _____

☐ Witness initials on each page

Copy provided to witness

☐ Yes ☐ Not requested