ADDITIONAL COLLEAGUE / NON-COLLEAGUE WITNESS STATEMENT

(Please print clearly if completing by hand)

Witness name	Job Role
Employer (if applicable)	**Contact telephone**
Contact email	**Statement date / time**

Home / correspondence address

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Did you see what happened? If not, explain how you became aware of it.	Yes ☐ No ☐
Where did the incident occur and when?	
Describe in full what you observed, including details of any other witnesses. Distinguish direct observations from information provided by others.	

Signatures to be hand signed – digital signatures are not sufficient

Witness signature / name	Date
Area Manager or Site Supervisor signature / name	**Date**