

INCIDENT WITNESS STATEMENT

Date/Time of Incident _____

Date/Time of Report _____

Witness Name _____ Phone _____

Address _____ Employed By _____

Work Address (if applicable) _____

Job Title _____ Department _____

Description of Incident _____

Brief Description of Witness Activity During Incident _____

Description of all others involved in the incident:

I have read the above and it is true to the best of my knowledge:

Signature _____ Printed Name _____

Date _____ Time _____

**FORWARD COPY WITHIN 24 HOURS OF INCIDENT TO MANCON® CORPORATE OFFICE
HUMAN RESOURCES ATTN: LAURA SIPES – FAX 757-457-9345 or EMAIL LSIPES@MANCONINC.COM**