



Employee Incident-Witness Form

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE

Section 1: WITNESS INFORMATION

Witness Name: _____

Do you work for Macomb County: Yes (Specify Department) _____ No

Section 2: INCIDENT INFORMATION

I (WAS or WAS NOT) in the near vicinity of the incident when it happened. If near vicinity, list names of those persons you actually saw in the vicinity at the time of the occurrence.

If you were not in the area when the incident occurred, but in another pertinent area, please give your location and the names of persons you saw, or believe were present, in your area.

Are you the supervisor of the injured employee? Yes No

Give a factual statement of your actions and observations, before, during, and following the incident. Be as specific as possible.

Section 3: SIGNATURES

Witness Name (Printed): _____

Witness Signature: _____ Date: _____

Witness Phone Number: _____