

Employee Injury: Witness Statement Form

Injured Employee: _____ Date of Injury: _____

Location: _____ Time: _____

Witness Name: _____

Job Title: _____

Describe what you witnessed:

Witness Signature: _____ Date: _____

All completed forms should be scanned and sent to Human Resources at the EAC within **24 hours** of the incident or email to kjuriga@birmingham.k12.mi.us