



Risk Management

Incident Witness Statement Form

Witness Name:		Duties at time of incident:	
Statement Date:		Incident Date & Time:	
Incident Location:		Witness reports are to be completed by any person who directly witness an incident, or by those who have any information regarding an incident. <i>All information contained herein may be used for claim processing.</i>	
Phone # and Email Address:			
Campus/ Department			

STATEMENT:

Witness Signature

Please return this form to:
LaToya.Scott@wylieisd.net
Direct Fax: 972-941-6073
Phone: 972-429-3073