

WITNESS STATEMENT - EMPLOYEE

Name of Employee being investigated: _____

Witness Name: _____

Campus/Dept: _____ Position: _____

Employee's Written Statement

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

All involved
to your
knowledge:

Witnesses:

Description of
Incident:

Did you report the incident to a supervisor? Yes No

If yes, please answer the following:

To whom did you report the incident?	
Date and Time of Report:	
Method of Reporting:	
Any other individuals you made aware of the incident as you have reported it?	
Have you reported to law enforcement?	
Have you reported to CPS?	

Signature of Employee		Date	
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Received by:		
_____	_____	_____
Print Name	Print Title	Date