



NORTH CAROLINA WITNESS STATEMENT FORM

Instructions: Please complete this form in its entirety and submit to the Human Resources Department as soon as possible.

Witness Information

Name:	Title:
Work Address:	Work Phone #:

Incident Information

Date of Incident:	Time of Incident:
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Location of Incident:

Do you have any pictures of the incident?

If yes, please attach them to this submission.

☐ Yes ☐ No

List the names of anyone present that observed or may have knowledge of the incident.

State what you know about the incident. Indicate who, what, where, and when. Be as specific as possible. If you need more space than what is provided here, please create a Word document and attach it to this submission.

I hereby certify that the information I have provided is true and accurate. I acknowledge that any inaccurate or false statements may result in a delay in process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied.

Witness Name:	Witness Title:
Signature:	Date of Statement: / /