

Witness Statement



Witness Name:	Date:
Witness Position:	Clinic Name:
Witness Phone Number:	
Incident Details	
Name of Employee(s) involved:	
Date of Incident:	Approximate Time of Incident:
Witness Statement	
<i>How did the incident occur? What did the witness observe? What did they do? Where did this incident happen?</i>	
Witness Signature:	Date:

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