

UND INCIDENT INVESTIGATION WITNESS STATEMENT



Person Involved in Incident: _____

WITNESS STATEMENT:

Your name was provided as a witness by the employee named above. In order to complete a timely and thorough investigation of this incident, please provide the following information and submit this form as soon as possible.

Witness Last Name: _____ Witness First Name: _____

Witness Address: _____ Witness Phone: _____

Did you see an incident involving the above employee? ☐ Yes ☐ No

If **YES**, date of the incident: _____ Time: _____ ☐ A.M. ☐ P.M.

Location of the incident (Building & Room): _____

Describe what you saw:

If **NO**, how did you learn about the incident:

I have read the above statement and certify it to be true to the best of my knowledge.

Signature: _____ Date: _____

Please return this completed form to the person that requested it and the Office of Safety at und.safety@und.edu.