



Worker's Compensation Witness Report Form



Richmond County School System • Worker's Compensation
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• Name of injured employee: _____

• Name of witness: _____

• Location where incident occurred: _____

• Date of incident: _____ • Time of incident: _____

1. What were you (the witness) doing at the time of the incident?

2. How and when did you become aware of the incident?

3. What did you hear at the time of the incident?

4. Describe what you saw at the time of the incident:

5. Who else was present?

6. Please relate any additional information you have pertaining to the incident:

• Witness's signature: _____ • Date signed: _____