WITNESS STATEMENT

Please fill out this form if you are a witness to an injury or illness involving a student or visitor.

***MUST BE TYPED OR PRINTED***

Injured individual’s name if known: _____________________________________________

Witness Information

Name: ______________________________________________________________________

Email Address: ________________________________________________________________

Primary Telephone: _________________________      Secondary Telephone: _____________________

Are you an employee, student or visitor? ________________________

If employee or student, what is your university ID badge #: __________________________________

On _________________________________, at about __________________ □ a.m. / □ p.m., I was in or at ________________________________ when an incident involving the above individual occurred.

(SELECT CHOICE A, B, OR C BELOW:)

A. ☐ I witnessed the incident. Describe what you know about the incident.

B. ☐ I did not see the incident, but I have valuable information regarding it. Describe what you know about the incident (Did you hear or smell it?).

C. ☐ I know nothing whatsoever about the incident.

Signature: ___________________________ Date: ________________________________

Revised: 07/21/2017
Instructions for WITNESS STATEMENT

1. Please fill out this form if you are a witness to an injury or illness involving a student or visitor only. If you are a witness to an injury or illness involving an employee, please fill out the SORM-74 witness statement form.

2. Please type or hand write legibly in print.

3. Be as specific and complete as possible. If the space provided on the form is insufficient, please attach additional information.

4. Witnesses must sign and date the form to certify their comments are true.

5. Submit this document to the EHS department (ehs@uhcl.edu) as soon as possible, within 24rs.

Contact Information
Department of EHS
Main Line: 281-283-2106 - Email: ehs@uhcl.edu
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