

WITNESS STATEMENT TO INCIDENT/ASSAULT

Office		Name of Assailant	
NI No (if known)			

1. YOUR DETAILS:	
FULL NAME	
JOB TITLE	

2. Name of person assaulted:	
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3. Assault details:					
DAY:		DATE:		TIME:	

4. Account of Incident (Please write clearly and be as explicit and factual as possible. If the assailant used swear words please include these. Continue on a separate page if necessary)	
Signature	Date

This form should now be e-mailed to the nominated manager.