STATEMENT OF WITNESS / INVOLVED PERSONS IN THE INCIDENT

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person** |  | **Employee / ID Number** |  |
| **Trade / position** |  | **Date of Joining** |  |
| **Company** |  | **Nationality** |  |
| **Date of incident** |  | **Date of statement** |  |

**My statement with respect to the incident:**

**Signature:**

**-------------------------------------------------------------------------------------------------------------------------------------------------------------**

**In case of recording the statement based on oral version:**

**Name of person recording the oral version:**

**Signature of the person recording the oral version:**