



**WITNESS STATEMENT (Please Print)**

Name of Witness: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Include City, Province, Postal Code)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Work Classification: \_\_\_\_\_ Work Location: \_\_\_\_\_

CUPW Local: \_\_\_\_\_ CUPW Grievance Number: \_\_\_\_\_

Date of Event/Incident: \_\_\_\_\_

Time of Event/Incident: \_\_\_\_\_ Place: \_\_\_\_\_

Persons Involved: \_\_\_\_\_

Statement (please be as specific as possible): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach and sign additional pages, if necessary)

Date this form was completed: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(day) (Month) (Year)

Signature: \_\_\_\_\_