

Please photocopy this form and use as many of the *Witness Forms* as necessary to fully record all details of each witness’s (e.g. injured worker, co-worker, supervisor, expert and any other relevant witness) responses as reported during the interview. Where multiple ONA *Witness Forms* are used, the witness should, after attesting that it is accurate, initial each page and sign and date the last page. Provide the witness with a photocopy of their statement, if requested.

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| Time of Interview: |       | Date of Interview: |       |
| Place of Interview: |       |
| Name of Witness: |       |
| Address of Witness: |       |
| Phone Number of Witness: |       |
| Email of Witness: |       |
| Name of Interviewer: |       |
| Witness Statement: |
|       |
| Is this an accurate account of what you just told me? |
|       |
|  |
|  |
| Witness Signature: |       | Date: |       |
|  |
| Interviewer Signature: |       | Date: |       |