

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: | | | | | | |
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| Is this an accurate account of what you just told me? | | | | | | | |
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|  | | | | | | | |
| Witness Signature: |  | | | Date: |  | | |
|  | | | | | | | |
| Interviewer Signature: |  | | | Date: |  | | |