

UNIVERSITY OF HOUSTON – CLEAR LAKE
DEPARTMENT OF ENVIRONMENTAL, HEALTH & SAFETY

WITNESS STATEMENT

Please fill out this form if you are a witness to an injury or illness involving a student or visitor.

*****MUST BE TYPED OR PRINTED*****

Injured individual's name if known: _____

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Witness Information

Name: _____

Email Address: _____

Primary Telephone: _____ Secondary Telephone: _____

Are you an employee, student or visitor? _____

If employee or student, what is your university ID badge #? _____

On _____, at about _____ <input type="checkbox"/> a.m. / <input type="checkbox"/> p.m., I was in or at <div style="display: flex; justify-content: space-around; font-size: small;">(Date)(Time)</div> _____ when an incident involving the above individual occurred. <div style="display: flex; justify-content: center; font-size: small;">(Location)</div>
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SELECT CHOICE A, B, OR C BELOW:

A. I witnessed the incident. Describe what you know about the incident.

B. I did not see the incident, but I have valuable information regarding it. Describe what you know about the incident (Did you hear or smell it?).

C. I know nothing whatsoever about the incident.

Signature: _____

Date: _____

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Instructions for WITNESS STATEMENT

1. Please fill out this form if you are a witness to an injury or illness involving a student or visitor **only**. If you are a witness to an injury or illness involving an employee, please fill out the **SORM-74** witness statement form.
2. Please type or hand write legibly in print.
3. Be as specific and complete as possible. If the space provided on the form is insufficient, please attach additional information.
4. Witnesses must sign and date the form to certify their comments are true.
5. Submit this document to the EHS department (ehs@uhcl.edu) as soon as possible, within **24rs**.

Contact Information

Department of EHS

Main Line: 281-283-2106 - Email: ehs@uhcl.edu