



Worker's Compensation Witness Form

- Name of injured employee: _____
- Your name (witness): _____
- Your phone and email: _____
- Location where incident occurred: _____
- Date of incident: _____
- Time of incident: _____

1. What were you doing at the time of the incident? _____

2. What did you hear/see at the time of the incident? _____

3. Who else was at the scene when the accident occurred? _____

4. Please relate any additional information you have pertaining to the incident:

- Witness's signature: _____
- Date signed: _____

*Fax or email the completed form to (702) 895-5227 or
 workerscompforms@unlv.edu*