



**Please complete a statement for each witness**

Please email to [incident@upei.ca](mailto:incident@upei.ca) or deliver to the locked drop box in Atlantic Veterinary College Main Foyer.

Section C: Witness Statement Information		
Last name:	First name:	Initial
Address:	City:	Province:
Email address:	Home telephone number:	Work telephone number:
Department (if applicable):	Department Manager:	
Section D: Witness Testimony		
Date and time of incident:	Location of incident:	
Name(s) of individuals involved in incident:		
Your account of the incident/injury (who, what, where, why and how). Add sketches or attachments as required.		
I certify that the above information is true and complete to the best of my knowledge.		
Witness (print name):	Witness signature:	Date:
Name of Investigator/Supervisor:	Investigator/Supervisor signature:	Date:

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of administration of Provincial Occupational Health and Safety Legislation. Direct any questions about this collection to: Liz Rostant-MacArthur, 550 University Avenue, Charlottetown, PE, C1A 4P3, Tel: 902.566.0516.

