

**Please complete a statement for each witness**Please email to 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 records management and administration of Provincial Occupational Health and Safety Legislation. Direct any questions about this collection to: Health, Safety and Environment Manager, 550 University Avenue, Charlottetown, PE, C1A 4P3, Tel: 902.566.0516.

