

APPENDIX C Policy PER-14
 Gravenhurst Public Library
 Witness Account Form



*Note: Complete this Form if you are the witness to the alleged workplace violence –
 Photocopy additional copies as needed*

Date of Incident	Name Victim <input type="checkbox"/> Witness <input type="checkbox"/>	Date of Report
	Address/City Location of witness	Phone Number
Describe Incident in Detail. Include what happened, where, who was involved, other witnesses, what you heard, saw, etc.		
List Names of Other Witnesses		
Signature		Date
Person Receiving Witness Statement		Date