



Making workers' comp work

# WITNESS STATEMENT(S)

Name \_\_\_\_\_

Employee  Yes  No

Address \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Experience \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_

Employee  Yes  No

Address \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Years Experience \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_