## **New Jersey Department of Military and Veterans Affairs Witness Statement Form** Who was involved in the incident? Name: Print Name: Name: Print Name: Date of Incident: Time of Incident: **Location of Incident:** Were you on duty when this incident occurred? Where were you physically located? Describe what you saw. Describe what you heard: Who else was in the area (give their name and title/status)? What did they do? Describe what happened after that: Was this incident reported to a supervisor? Who? What was their response? ☐ An additional sheet is attached. This statement was prepared on (Date): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_

Revised: September 2012