

**Mississippi School Boards Association
Workers' Compensation Trust**

Voluntary Witness Statement

Date Occurred: _____ Time Occurred: _____

Name of School/Address of School: _____

Name of Person Giving Statement: _____

Home Address: _____

Work Phone: () _____ Alt Phone: () _____

Statement is in regard to (name of person(s) involved in incident, if known):

Location of Occurrence: _____

Did you see the incident occur: Yes or No (circle one)

Written Statement: Please describe in detail what you witnessed on the above date:

I have read this statement and I affirm to the truth and accuracy of the facts contained herein.
This statement was completed at :

(location) _____ on the ____ day of _____, 20__ at _____ am/pm

Signature Person Making Statement

Date:

Witness to Statement/Title

Date