**CHST 6: Incident Statement**  

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This form should be completed by the injured person/s and witness (es) as soon after the incident as possible. This form can form part of an interview.

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| **Service:** | **Team:** |
| **Incident date**: | **Time of incident:** |
| **Address of the incident:** |
| **Exact location of the incident:** |
| **Person completing the form / Interview conducted by**: | **Persons Present:** |

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| **Statement of:**  **Employee** **Employee (trainee)** **Agency** **Volunteer** **Injured person** **Working with injured person** **Manager / Supervisor** **Witness** **Other, please give details:** | **Date:** **Contractor** **Pupil or Student** **Member of the Public** **Visitor** **Service User / Customer****Address:****Telephone no:** |

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| **Please describe your involvement in this accident (e.g. person involved, saw it happen)** |
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| **Please describe what happened / what you saw / what you know about the circumstances of the incident. Continue over leaf if necessary.** |
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| ‘This statement is true to the best of my knowledge and belief. I make it knowing it may be used in the investigation process and that it may lead to disciplinary action if I have wilfully stated anything which I know to be false or do not believe to be true.’ |
| **Date:** | **Print name / Signature:** | **Page of**  |