**CHST 6: Incident Statement**  

------------------------------------------------------------------------------------------------------------------------------

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.

|  |  |
| --- | --- |
| **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:** |

|  |  |
| --- | --- |
| **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:** |

|  |  |  |
| --- | --- | --- |
| **Please describe your involvement in this accident (e.g. person involved, saw it happen)** | | |
|  | | |
| **Please describe what happened / what you saw / what you know about the circumstances of the incident. Continue over leaf if necessary.** | | |
|  | | |
| ‘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** |