



Witness Report Form

Complete this form for any serious event: the death of a patient; a life-threatening overdose; allegation of assault or non-consensual sexual misconduct; a missing patient; an attempted suicide; a fall; or any other accident/incident.

Date and time of event: _____ Name of person involved: _____

Your name: _____ Your phone: _____

Your position: _____

Please be accurate to help Stepworks analyze this event and, if possible, prevent its recurrence.

Describe what you saw and heard in chronological order.

1. What were you doing just before the event? _____

2. What were you doing when the event occurred? _____

3. Please describe the event in detail: _____

4. What did you do after the event occurred? _____

5. Were any external factors involved in the event? (For example, did wet floors create a hazard?) _____

6. Who else heard or witnessed the event? _____

7. Do you recommend any actions Stepworks could take to prevent this event in the future? _____

8. Other comments: _____

My statements are true and accurate to the best of my recollection.

Signature: _____ Date: ____ / ____ / ____