BULLOCH COUNTY BOARD OF COMMISSIONERS
WITNESS STATEMENT FORM

Date of Incident: _____ Time: _____ ☐ AM ☐ PM

Name of employee(s) involved: _____

Department: _____

Where did incident occur: *(Address/Location)*: _____

Details *(What happened?)*

Witness Name/Phone (Use additional sheet if needed): _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____