# TU DUBLIN CITY CENTRE WITNESS STATEMENT FORM

## SECTION 1: DETAILS OF EVENT

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Exact Location:</th>
</tr>
</thead>
</table>

## SECTION 2: WITNESS DETAILS

Full Name (Prof/Dr/Mr/Mrs/Ms/Miss):

Home Address:

Telephone Number:

Staff [ ] Contractor [ ] Student [ ] Other [ ]

School/Function:

Job Title:

Your location at the time of the incident:

## SECTION 3: STATEMENT

Please provide a detailed summary in your own words of your observation and account of the incident (use additional pages if needed, ensuring that you sign and date each page):

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## SECTION 4: DECLARATION

I hereby certify that the above statement is true and correct to the best of my knowledge.

Date: [ ]

Witness Signature: [ ]

Please return completed statements to:

Health & Safety Office
Room G3
TU Dublin City Centre, 40-45 Mountjoy Square
Dublin 1

or email to: safety@tudublin.ie