

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**CONFIDENTIAL
WITNESS REPORT REGARDING AN INCIDENT**

Name of person involved
Staff Member or Service
User/Resident

Datix Report Number

Please answer all questions as fully as possible and attach a copy to the Accident Incident Report Form.

Your Full Name and Signature:	Name: Signature:
Post / Designation:	
Ward / Department / Unit name:	
Your contact details, base and telephone number:	
Where were you at the time of the Incident?	
What was the date and time of the incident?	
What were you doing?	
What did you see or hear?	
What did you do or say?	
Duty of Candor – Did you offer an apology if harm occurred?	
Was anyone else present / what did you do?	
To whom did you report the event?	

SAMPLE - DO NOT USE

Please state only what you know as fact. Continue on a separate sheet if required and sign and date.