

APPENDIX C Policy PER-13 and PER-14
 Gravenhurst Public Library
 Witness Account Form



Note: Complete this form if you were a witness to the alleged workplace Harassment, discrimination and /or Violence Incident - Photocopy additional copies as needed

Date of Incident	Name: Victim <input type="checkbox"/> Witness <input type="checkbox"/>	Cell Phone
Date of Report	Address/City: Email Address:	Work Phone
Describe Incident in Detail. Include what happened, where, who was involved, other witnesses, what you heard, saw, etc.		
List Names of Other Witnesses		
Signature of Victim/Witness:		Date
Name of Person Receiving Witness Statement		Date
Signature:		