[Your Name]
[Your Job Title]
[Company Name]
[Date]

[Witness Name]
[Witness Address/Department]

Subject: Request for Witness Statement - Workplace Incident on [Date of Incident]

Dear [Witness Name],

We are currently conducting an internal investigation regarding a workplace incident that occurred on [Date] at approximately [Time] at [Specific Location/Department].

It has been brought to our attention that you may have witnessed the event or have information regarding the circumstances surrounding it. To ensure an accurate and fair review of the incident, we kindly request that you provide a written statement of what you observed.

Please include the following details in your statement:

- The exact time and location of the incident.
- A chronological description of the events you observed.
- Names of any other individuals involved or present.
- Details regarding equipment, environmental conditions, or safety procedures involved.
- Any actions taken immediately following the incident.

Please submit your signed and dated statement to [Name of Department/Contact Person] by [Deadline Date].

Your cooperation is vital to our efforts in maintaining a safe working environment and preventing future occurrences. If you have any questions, please contact [Contact Name] at [Phone Number/Email].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]