## PALMERSTON AND LITCHFIELD SENIORS ASSOCIATION INC. (PLSA)

#### WITNESS REPORT

Witness Report is utilised in conjunction with Form OF28.1 – Incident Report and will provide the PLSA with information to assist in the resolution of an incident.

	Christian Name:	
Witness Name: (one Witness Form for each witness)	Surname:	
	Contact Telephone Number:	

Name the visitor(s), senior(s) or Endorsed Volunteer(s) involved in the Incident:	Person 1   Christian Name: Person1   Surname: Person 2   Christian Name: Person 2   Surname: Surname:
Date Incident occurred:	
Time Incident occurred:	
Where did the Incident occur?	

### Witness Statement

Describe the incident that	
you witnessed:	
you withesseu.	
(Please outline how the incident occurred and	
what you saw, including what action PLSA	
Committee personnel undertook)	

Form:	OF28.2		Witness Report		Version 1.8
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# PALMERSTON AND LITCHFIELD SENIORS ASSOCIATION INC.

		Yes		No
In your opinion, were the actions taken at the time, by the Committee Members fair and reasonable?		Yes vou please explain yc		
Witness Signature:	Signature:		Date:	

#### PLSA ADMINISTRTION

Date Received by President:	/2025
Date addressed by Committee Meeting:	/2025
Incident Report Number:	

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