

# 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.**

<b>Witness Name:</b> (one Witness Form for each witness)	Christian Name:	
	Surname:	
	Contact Telephone Number:	

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

## Witness Statement

<b>Describe the incident that you witnessed:</b>  (Please outline how the incident occurred and what you saw, including what action PLSA Committee personnel undertook)	<div style="border: 1px solid black; min-height: 200px;"></div>
---	---

Form:	OF28.2	Witness Report		Version 1.9
Updated: 01 January 2026	Updated By: Public Officer	Review Date: 31 January 2027	Approved: PRSC Mgt. Team	Page 1 of 2
PLSA Administration Update 2026/Operation Forms 2026		Palmerston and Litchfield Seniors Association Inc. (PLSA)		<b>Please Turn Over</b>

# PALMERSTON AND LITCHFIELD SENIORS ASSOCIATION INC.

<p><b>In your opinion, were the actions taken at the time, by the Committee Members fair and reasonable?</b></p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If no; could you please explain your position further?			
	<b>Witness Signature:</b>	<i>Signature:</i> _____		<i>Date:</i> _____ /2026

**PLSA ADMINISTRATION**

<b>Date Received by President:</b>	_____ /2026
<b>Date addressed by Committee Meeting:</b>	_____ /2026
<b>Incident Report Number:</b>	