



## WITNESS STATEMENT/REPORT FORM

Please complete, sign and return this statement/report form to the Human Resources Department at <a href="HR@roseIT.com">HR@roseIT.com</a>. Information regarding an alleged incident of discrimination, harassment, or other workplace situation shall be kept confidential to every extent possible. The individual completing this statement/form shall not discuss the contents contained herein, or any other information regarding the incident, outside of the investigative process. Retaliation against employees who make and provide good faith statements/reports regarding potential violations of laws, regulations or Rose International, Inc. company policies is strictly prohibited.

Name:	E-mail:
Phone Number:	<u></u>
Incident Date and Time:	
Incident Location:	
	se clearly describe any information/knowledge you have regarding an rassment or other workplace situation, or any additional relevant
I hereby certify that the information above	is true and accurate to the best of my knowledge and belief.
<b>Employee Signature</b>	Date