

WITNESS STATEMENT OF [NAME] [DATE]

COMMISSION DETAILS

Industrial Relations Commission of New South Wales

Case number

TITLE OF PROCEEDINGS

Appellant/Applicant/Notifier/ [name]

Respondent [name]

FILING DETAILS

Filed for **Appellant/Applicant/Notifier/ or Respondent [choose one]**

#Representative [Name of representative] [industrial organisation or firm]

Contact address [address]

Contact name and number [name] [telephone]

Contact email [email address]

[on separate page]

WITNESS STATEMENT

Name

Address

Occupation

Date

I state:

1 #I am [role of witness].

2 [state information to be included in the witness statement in numbered paragraphs]

Signature of witness
