

# Employee Injury Report

## Employee Information

Employee Name:

Employee ID:

Department:

## Incident Details

Date of Incident:

Time of Incident:

Location of Incident:

Describe the Incident:

Describe Any Injuries:

## Witnesses

Witnesses (Name & Contact):

## Additional Information

Was Medical Attention Provided?

☐

Report Completed By:

Date Reported:

Submit Report

