Employee Statement

To be completed by the employee following an incident, accident, or injury

Please complete this form in your own words. If more space is needed you may attach another page.

Describe how the accident happened:
Describe, in detail, all the parts of your body that were injured:
What caused you to have the injury/accident?

When did the injury/incident occur? (Date & Time)
Who witnessed the injury?
Were you previously injured before the incident occurred?
Is there any other additional information about your injury/accident you would like to give?

Do you/did you require immediate medical attention? ( ) YES ( ) NO

If medical attention is not needed now for this injury, but is necessary at a later date, you understand that you MUST contact your manager, PRIOR TO seeking or obtaining treatment.

This is an accurate statement, in my own words, which describes my incident and injuries.

_____ _____ _____

Signature Print Name Today's Date