



Injured Employee Statement

Employee Name: _____

Home Address: _____

Home Phone Number: _____

Department: _____

Supervisor Name: _____

Date and Time of Injury: _____

Where did the injury happen? _____

What were you doing when you were injured? _____

Please give a detailed description of how the incident occurred. _____

What injuries occurred on what body part? _____

What changes would you suggest to prevent this from happening again? _____

Did anyone see the incident occur? _____

Additional Comments: _____

Employee Signature

Date