Employee's Statement of Injury

<u>Instructions:</u> Employees must complete this form to report <u>all</u> work-related injuries or illnesses, *no matter how minor.* This form should be completed by the employee as soon as possible and given to a supervisor for further action.

I am reporting a work-related:	□ Injury	□ Illness
Your Name:		
Job Title:		
Department:		
Location:		
Supervisor:		
Name of Witnesses (if any):		
Where, exactly, did it happen?		
What were you doing at the time?		
Describe, step-by-step, what led to	the injury:	
Employee Signature:		Date:
Employee Signature:		Date.
Supervisor Signature:		Date: