



# 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