

Lenoir Community College Employee Incident Report

Employees are required to complete this form for all incidents. This form should be submitted to the Human Resources Department within 24 hours of the incident if practicable. If an employee is unable to complete this form due to exceptional circumstances, the supervisor must certify and sign below.

EMPLOYER	Employer Name: _____
PERSONAL DATA	Employee Name: _____ Title: _____ Work Location: _____ Mailing Address: _____ Telephone #: _____ City/State: _____ Zip: _____ County: _____ Date of Birth: _____ Marital Status: _____ Gender: _____ Home Phone: _____ Cell Phone: _____
DATE, TIME AND PLACE	Date of Injury: _____ Time: _____ Circle: AM PM Circle: Sun Mon Tue Wed Thu Fri Sat Date Injury Reported to Supervisor _____ Name of any witnesses: _____ Location where injury occurred: _____ Date treated by physician (if applicable) _____
CAUSE OF INJURY	Describe work you were involved in at the time of accident: Describe fully how the injury occurred: Was First Aid rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No
INJURY DETAILS	What part and side of the body was injured? _____ Time employee started work the day of injury: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Did employee return to work: <input type="checkbox"/> Yes <input type="checkbox"/> No Date and time employee returned to work: _____ Where did injured employee go for medical treatment (Facility name, address, phone number)? _____ Did injury require hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No Did injury require ER visit? <input type="checkbox"/> Yes <input type="checkbox"/> No

Form Completed By: ☐ Employee ☐ Supervisor

Date Form Received: _____

Employee Signature: _____ Phone: _____ Email: _____

Supervisor Signature: _____ Phone: _____ Email: _____

I certify that the information I have provided is true and accurate. Any inaccurate or false statements may result in a delay in the process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied.