



Incident/Accident Report Form

Instructions

This form should be used to report all incidents or accidents that occur on CEO property or involve staff during their work day.

Reporting staff should complete as soon as possible following a staff, intern, volunteer or customer incident, accident or injury. Once completed, give the form to your manager or their designee.

Impacted Party

Staff: _____

Customer: _____

Volunteer/Intern: _____

Visitor: _____

General Information

Full name of impacted party: _____

Contact numbers: _____

Date of incident/accident: _____ Time of incident/accident: _____

Address and location of incident/accident: _____

What occurred?

- Theft
- Foul or insulting language
- Influence of drugs or alcohol
- Uncontrolled anger/Irrational behavior
- Vandalism
- Harassment/ Other
- Medical emergency
- Injury

Was a staff member injured? Yes (complete entire form, including page 3)
 No

Was police or Child Protective Services (CPS) intervention required? Yes (notify Department Director or designee *immediately*)
 No

Did the customer require medical attention? Yes (complete below and notify Department Director or designee *immediately*)
 No

Home address of impacted party: _____

Date of birth: _____ Gender: Male Female

Name and number of medical provider (if available): _____



Incident/Accident Report Form

Stating facts, describe the incident. Please include a description of the events that occurred prior that may have caused the incident or accident. Include names of the people involved, if applicable.

What actions were taken during and after the incident or accident?

List any witnesses and contact information, if possible.

Required Signatures:

_____	_____	_____
Impacted Party (please print)	Impacted Party Signature	Date
_____	_____	_____
Reporting Staff (please print)	Reporting Staff Signature	Date

Manager/ Designee Review

Instructions: After completing, scan and email to Department Director or designee. If a customer has been injured, send a copy to nuber@ceoempowers.org. If a staff member has been injured, send a copy to sgoodwin@ceoempowers.org.

Stating facts, briefly summarize your assessment of the incident.

Provide detail on the intervention and outcome (attach extra pages as needed).

_____	_____	_____
Manager/Designee (please print)	Manager/Designee Signature	Date
_____	_____	_____
Department Director (please print)	Department Director Signature	Date



Incident/Accident Report Form

Addendum: Employee Accident Report

Instructions: Complete this page only if employee injury required medical attention, then scan and email to HR immediately at sgoodwin@ceoempowers.org.

Employee: _____ Date of Injury: _____

Body part(s) injured: (ie. Left upper arm, right lower leg) _____

Nature of injury: (ie. Strain, sprain) _____

Cause of injury: (ie. strain or injury from lifting, contact with hot object or substance)

Was an object involved in injury: (ie. forklift, hammer, chemical) _____

Employee Signature

Date

For HR Use Only

Loss of work: Yes ___ No ___ If loss, what dates: _____

Date of first medical treatment: _____

Name and telephone of hospital/urgent care: _____

Ongoing treatment provider name and telephone: _____

Secondary treatment provider name and telephone: _____

Follow up details: _____

Outcome: _____

Submitted to Insurance: _____ Claim paid: _____ Amount paid: _____

Completed by: _____ Date: _____