



# 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.

### 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): \_\_\_\_\_



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*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.*

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

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*List any witnesses and contact information, if possible.*

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**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](mailto:nuber@ceoempowers.org). If a staff member has been injured, send a copy to [sgoodwin@ceoempowers.org](mailto:sgoodwin@ceoempowers.org).

*Stating facts, briefly summarize your assessment of the incident.*

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

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



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## 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](mailto: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: \_\_\_\_\_