



## EMPLOYEE ACCIDENT INCIDENT REPORT

This is a required form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or student behavior incidents. If possible, a report should be completed immediately following an incident or accident and/or 24 hours of the event.

Date of Report: \_\_\_\_\_

For workplace injuries please return the form by email to your supervisor and cc: [hr.loa@ssg-healthcare.com](mailto:hr.loa@ssg-healthcare.com)

Please contact Sedgwick at @ 866-902-4744 to file a report and open a claim.

For situations that do not result in a workplace injury but require reporting, please return the form by email to your supervisor and cc: [hr.requests@ssg-healthcare.com](mailto:hr.requests@ssg-healthcare.com)

### 1. PERSON INVOLVED

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Last four #'s of Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### 2. THE INCIDENT

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Location: \_\_\_\_\_

Describe the Incident:

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What were you doing prior to the incident?

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What did you do directly after the incident?

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### 3. INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

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In your opinion, what do you think triggered the action that caused the injury?

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Please describe what you, SSG or other personnel could have done or will do differently to prevent this injury/incident in the future?

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### 4. WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info:

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Location of incident (hallway, classroom, parking lot etc.):

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Were there camera or surveillance around the incident? ☐ Yes ☐ No

### **5. POLICE / MEDICAL SERVICES**

Police Notified? ☐ Yes ☐ No If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused.

If yes, where was medical treatment provided? ☐ On site ☐ Hospital

### **6. PERSON FILING REPORT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **SUPERVIROR/TRIAD USE ONLY**

Report received by: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up action taken:

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Action Taken:

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