THE STEPPING STONES GROUP
Transforming Lives Together

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.wc@ssg-healthcare.com

If you have sustained an injury at work, please call Healthcarelive at 1-844-423-9417, or **my.healthcarelive.com/SteppingStones**

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

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:

What were you doing prior to the incident?

What did you do directly after the incident?

3. INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

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

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

4. WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

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

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

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: _____

SUPERVIOR/TRIAD USE ONLY

Report received by: _____ Date: _____

Follow-up action taken:

Action taken:
