| Organization Name**>> Employee Accident Report**  |
| --- |
| **To be completed by the injured employee.** |
| **Employee name: Phone:** **Employer: Title:** **Date of accident: Time of accident:** **Address and location of accident:**  |
| **Please explain step-by-step how the accident occurred:**  |
| **Describe the affected body parts:**shutterstock_50821417 |
| **Identify possible causes for the accident and if/how it could have been avoided:**  |
| **Employee signature:** |  | **Date:**  |  |