| 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:** |  |