Alexandria City Public Schools

Human Resources Department
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Notice of Injury/Illness and Investigation Form

Section 1: To Be Completed by Employee (Please Print Clearly)

Name (last, first, middle)		Social Security Number	
Home Address		City State Zip	
Work Phone	Home Phone	E-Mail	
Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female	Hire Date	Hrs Worked/Day
Location of Incident (Facility Name)	Job Title	Injury Reported To (name)	
Date of Injury	Time of Injury	Date Reported	Time Reported
Did Employee Seek Medical Treatment? ☐ Yes ☐ No	Name & Address of Medical Provider/Hospital		

Describe the events that caused the incident (what happened, what machinery/tools were used)

_____
_____
_____

Describe the nature of the injury(s) sustained (contusion, laceration, etc.)

_____
_____
_____

List the affected body parts (lower left arm, right pinky, etc.)

_____
_____

Name(s) and Phone Number(s) of Witnesses

_____

Employee Acknowledgement

☐ I have read the Notice of Injury/Illness and Investigation form and it is true and complete to the best of my knowledge.

_____ _____
Employee Signature Date

Section 2: To Be Completed by Supervisor or Designee

What workplace conditions existed that contributed to this incident?

Has the Authorized Panel of Physicians Acknowledgement and Selection form been completed and signed by the employee and supervisor?

☐ Yes ☐ No

Supervisor Signature and Date

_____ _____
Supervisor Signature Date