

ALLEN PARK PUBLIC SCHOOLS – Employee's Report of Accident/Injury
Must be filed with supervisor within 24 hours of accident/injury.

Employee Name: _____ Building: _____

Date Reported to Administrator by Injured _____ Time _____

Employee's Statement as to how incident occurred:

Include specific work-place location where injury occurred (Who, What, Where, When, How).

How can you prevent this type of accident/injury from happening again?

Statement made by witness regarding incident:

Witness Name _____ Position _____

Signature of Injured Employee _____

Signature of Administrator investigating incident _____

Original to Personnel Office
cc: Superintendent
Business Office
Building Administrator/Supervisor