



Northland Community Schools  
**EMPLOYEE INCIDENT REPORT**

**Note:** Please complete this form and return it to your supervisor immediately. Please complete each question and if you need medical attention, call: \_\_\_\_\_.

Employee Name (last, first, middle): \_\_\_\_\_

Employee Home Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How long employed? \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Who did you notify of this incident? \_\_\_\_\_

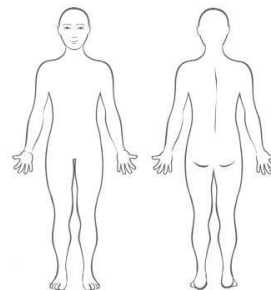
Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Day Occurred: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe exactly what happened & how the incident occurred. Include details pertaining to equipment, environment, work location, work tasks, etc.: \_\_\_\_\_

\_\_\_\_\_ **Indicate on the Diagram the location of your injury(ies):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Was first aid administered? Yes No When? \_\_\_\_\_ By Whom? \_\_\_\_\_

Did you go to the Hospital? Yes No When? \_\_\_\_\_ Where? \_\_\_\_\_

Did you go to the Clinic? Yes No When? \_\_\_\_\_ Where? \_\_\_\_\_

Did you see a physician, chiropractor, nurse practitioner or seek other medical attention? \_\_\_\_ Yes \_\_\_\_ No

When? \_\_\_\_\_ Who? \_\_\_\_\_ Where? \_\_\_\_\_

Do you intend to seek additional medical care for this injury? \_\_\_\_ Yes \_\_\_\_ No

Who witnessed the incident? \_\_\_\_\_

How much time did you miss because of this incident? \_\_\_\_\_ When? \_\_\_\_\_

What actions do you intend to take to avoid this in the future? \_\_\_\_\_

\_\_\_\_\_

Do you have other regular employment? \_\_\_\_ Yes \_\_\_\_ No Where? \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILIN TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHAL BE SENTENCED PURSUANT TO SECION 609.52, SUBDIVISION 3, MNWC STATE STATUTE 60A.955.