LEARN INCIDENT INVESTIGATION EMPLOYEE REPORT FORM

Instructions: Employee to complete the incident investigation form and return to lczarnowski@learn.k12.ct.us

This incident has been reported to: ☐ Telecare (866-730-1143) Reference #_____
☐ LEARN Human Resources (860-434-4800 ext. 1137)

PLACE OF INCIDENT

☐	LTA	☐	DLAMMS	☐	LEARN Main Building	☐	MSMHS
☐	OALA	☐	Remote Location	☐	RMMS	☐	TFS
☐	Other:	☐	Please check here if you will be seeking medical treatment at an approved medical center.				

EMPLOYEE DATA

Last Name:	First Name:	Job Title:

Street Address:	City:	State:	ZIP Code:

Home Phone:	Cell Phone:	Work Phone:	Email Address:

Date of Incident:	Time of Incident:	Witnesses: *(include phone number or email address)*

INCIDENT DESCRIPTION

1. Where did the incident happen and who was present? Provide a full description of the surroundings of the location and the individuals who witnessed the events.

2. Describe the events leading up to and including the incident.

3. Describe the injury and what caused it, include the affected body part(s) and injury type. Be sure to indicate left/right.

4. What could have been done differently to prevent the incident?

ADDITIONAL INFORMATION