

Gateway Charter Academy

Incident Report Form

Employee: Complete & Turn into Supervisor (if not available, turn into HR)

Supervisor: Turn into HR

Employee Name: _____ Phone Number: _____

Incident Date: _____ Incident Time: _____

Incident Location: _____ Witness(es): _____

Nature of Incident: _____ Body Part(s) Injured: _____

Details of Incident:

Does Injury Require Hospital/Physician? Yes No

Hospital Name: _____

Address: _____

Hospital Phone Number: _____

Injured Person/Party Signature: _____ Date: _____

Important Notes and Instructions:

Prepared By: _____ Date: _____