

# Employee Injury Report

**Date:** [Insert Date]

**To:** [Supervisor's Name]

**From:** [Employee's Name]

**Department:** [Department Name]

**Position:** [Employee Position]

## Injury Details

**Date of Injury:** [Insert Date]

**Time of Injury:** [Insert Time]

**Location of Incident:** [Specify Location]

**Nature of Injury:** [Describe Injury]

## Description of Incident

[Provide a detailed account of the incident leading to the injury]

## Witnesses (if any)

[List Names and Contact Information of Witnesses]

## Medical Attention

**Was Medical Attention Required?** [Yes/No]

[If yes, provide details of treatment received]

## Signature

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_