



INTERNAL ACCIDENT/INCIDENT NOTIFICATION TO SUPERVISOR

The following details are being provided to make you aware of an accident/incident that occurred while I was on duty.

PLEASE PRINT CLEARLY OR TYPE

Employee Name: _____ Cell: _____

GEPD Position: _____ Program: _____

Date of Incident: _____ Approx. Time: _____ Facility: _____

Specific location: _____

About the person, in what capacity were they at the GEPD? *Please check one box below.*

☐ Participant ☐ Patron ☐ Volunteer ☐ Contracted Worker

Full Name: _____ Age: _____ ☐ Male ☐ Female

Full Address: _____

Cell Phone: _____ Email: _____

What happened? How was the person injured? Be specific, stick to the facts, don't guess or assume.

Describe the injury (affected body part and type of injury; cut, bruise, strain, break, fainted, etc.)

Was First Aid given? ☐ Yes ☐ No If yes, what? _____

Was EMS called to treat? ☐ Yes ☐ No ☐ Offered but Refused ☐ Opted to go to own provider

Were Police called? ☐ Yes ☐ No If yes, who came: _____

Any witness? If yes, don't ask for a report, simply obtain contact information and record any statements made.

Witness Full Name: _____ Cell: _____

Address: _____

Statement: _____
