

Name of supervisor: _____ Phone # _____
Last First

Name(s) witness(es): _____ Phone# _____
Attach witness(es) report(s)

When did you report the accident to your supervisor? _____

To whom did you report the injury? _____

Do you require medical attention? Yes: _____ No: _____ Maybe: _____

Name of your treating physician: _____ Phone# _____

Signature of employee: _____ Date: _____

Department of Administrative Services
Risk Management Services
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