VITA LIVING
Supervisor's Report of Incident

Employee Name (please print)

Address where Incident Occurred | City | Zip Code

Date of Incident | Time of incident

Employee's Description of Incident:

Use back of page if more space is needed

Nature of Injury and/or Source of Injury:

I, _____ do not require medical attention at this time. I have been instructed to contact HR at 713-292-1800 if I require medical attention at a later date due to the above stated incident.

I, _____ state that the above incident/injury
Employee Name (please print)

description is correct to the best of my knowledge.

Employee Signature | Date

Supervisor's Comments:

Supervisor's Signature | Date

HR Representative's Signature | Date Received by HR