

**CITY OF FOND DU LAC – EMPLOYEE INCIDENT REPORT FORM
(TO BE COMPLETED BY EMPLOYEE)**

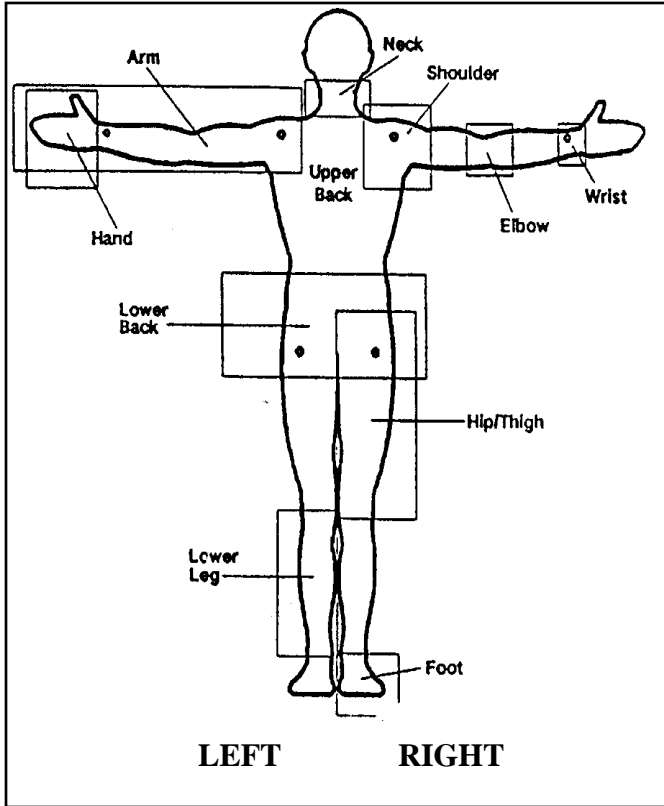
Complete this form within 24 hours of incident and submit to immediate supervisor.

TYPE OF INCIDENT	BODILY INJURY	PROPERTY DAMAGE	NEAR MISS
-------------------------	----------------------	------------------------	------------------

Name: _____

Date of Incident: _____ Date Reported: _____

PLEASE CIRCLE AREA OF INJURY (if applicable) AND ANSWER QUESTIONS:



Describe the incident

What part of your body was injured?

Have you ever injured this part of your body before?

Yes No

When?

Describe activity prior to the incident.

What do you believe caused the incident?

What do you think could prevent this type of incident from occurring again?

EMPLOYEE SIGNATURE		DATE	
SUPERVISOR SIGNATURE		DATE	