LEARN Innevata * Collaborata * Serve

LEARN INCIDENT INVESTIGATION EMPLOYEE REPORT FORM

| Instructions: Employee to complete the incident investigation form and return to lczarnowski@learn.k12.ct.us | | | | | | | | | | | | |
|---|----------|----------------|------------|------------|--|---------|-----------------------|--------|------------------|-----------------------------|-------|--|
| This incident has been reported to: ☐ Telecare (866-730-1143) Reference # | | | | | | | | | | | | |
| PLACE OF INCIDENT | | | | | | | | | | | | |
| □ CTRA | | | DLAMMS | 5 | | | ☐ LEARN Main Building | | | _ r | MSMHS | |
| □ OALA | | | RMS | | | □ RMMS | | | | □ TFS | | |
| □ Other: | | | Please cl | ere if you | f you will be seeking medical tre | | | | at | an approved medical center. | | |
| EMPLOYEE DATA | | | | | | | | | | | | |
| Last Name: | | | First Name | | | | | | Job ⁻ | Job Title: | | |
| | | | | | | | | | | | | |
| Street Address: | | | | | City: | | | State: | ZIP | ZIP Code: | | |
| | | | • | | | | | | | | | |
| Home Phone: | | | Phone: | | | | Phone: | ı | Ema | Email Address: | | |
| | | | | | | | | | | | | |
| Date of Incident: | Time o | of Incident: V | | | Nitnesses: (include phone number or em | | | | email add | nail address) | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| INCIDENT DESCRIPTION | | | | | | | | | | | | |
| Where did the incident happen and who was present? Provide a full description of the surroundings of the location and the individuals who witnessed the events. | | | | | | | | | | | | |
| 2. Describe the events leading up to and including the incident. | | | | | | | | | | | | |
| Describe the injury and what caused it, include the affected body part(s) and injury type. Be sure to indicate left/right. | | | | | | | | | | | | |
| 4. What could | have bee | en d | one diffe | rently | to preve | ent the | e inciden | t? | | | | |
| ADDITIONAL IN | IFORM. | AT: | ION | | | | | | | | | |
| | | | | | | | | | | | | |