



# SAUSD Employee Incident Report Form

**This form is only intended to create a record of the incident. Filing of this form does not constitute the filing of a workers' compensation claim. This report must be completed and returned to the site supervisor and Risk Management within 24 hours of the incident.**

Employee's name: \_\_\_\_\_ Employee's telephone number: \_\_\_\_\_

Job Title: \_\_\_\_\_ School/Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m. / p.m.

Location of Incident: \_\_\_\_\_

Describe in detail the incident and what you were doing at time of the incident. Please use a separate sheet of paper if needed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your current symptoms, if any.  
\_\_\_\_\_  
\_\_\_\_\_

Any Witnesses? (Please provide names and titles.)

- 1) \_\_\_\_\_ 3) \_\_\_\_\_
- 2) \_\_\_\_\_ 4) \_\_\_\_\_

Is medical treatment needed at this time?      NO

**If medical treatment is needed, you may file a workers' compensation claim and request medical treatment by calling:**

**Company Nurse at 1-888-375-9781**

**Company Nurse is available 24 hours a day, 7 days a week.  
Medical treatment is available 24 hours a day, 7 days a week.**

You may also contact the SAUSD Risk Management Department at 714-558-5856 if you have questions regarding receiving medical treatment and/or filing a workers' compensation claim. You may also find additional information located on the SAUSD Risk Management web page by logging on to the Staff Portal at [www.sausd.us](http://www.sausd.us).

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date received: \_\_\_\_\_

**Please fax completed form to the Risk Management Department at (714) 480-5320. No copies of this report shall be furnished to anyone, including employees, without permission of the SAUSD Risk Management Department.**