# Accident Investigation Forms: **Employee's Report of Injury**

**To be completed by the employee only. This document may be copied as needed.**

| | | | |
|---|---|---|---|
| Employee's name: | | Job title: | |
| Supervisor's name: | | Supervisor's work extension: | |
| Date of birth: | | Gender: | |
| Work extension: | | Home phone number: | |
| Home address: | | | |
| | *(Street address)* | *(City, State)* | *(ZIP code)* |

| | | | |
|---|---|---|---|
| Location of accident: | | | |
| Date of accident: | | Time of accident: | |

Describe fully how accident occurred (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring:

**Refusal of Initial Medical Treatment** *(optional)*

By initialing this paragraph, I acknowledge my decision to NOT seek medical treatment for the injury described above at this time. I am aware that I can request treatment at a later date. I agree to notify my supervisor and Workers' Compensation Representative prior to seeking medical attention should I choose to request treatment at a later date.

*Employee's initials*:_____

Employee's signature

Date

The University of Texas at Dallas
**Environmental Health and Safety (EH&S)**
800 W Campbell Rd, SG 10
Richardson, TX 75080-3021

Please report injuries to **EH&S** as soon as possible.
After reports are received, injured employees will be contacted regarding the management of their injuries.
Questions? Call 972.883.4111.

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