



## Workers Compensation Incident Reporting Form

Please type or print clearly using ink. All fields must be completed to initiate the workers compensation reporting process. Incomplete forms will not be accepted. Stetson University Public Safety must be called to document all injuries that occur on-campus. Forms must be submitted to the appropriate office within 24 hours of the incident.

### Employee Information:

Name: \_\_\_\_\_ 800 Number: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee Email: \_\_\_\_\_ Employee Phone: \_\_\_\_\_

### Description of Incident:

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM PM  
(Check One)

Time Employee Started Work on the Day of the Incident: \_\_\_\_\_ AM PM

Next Scheduled Work Day: \_\_\_\_\_ (Check One)

Location of Incident (Building, room, etc.): \_\_\_\_\_

Names of Witnesses (If any): \_\_\_\_\_

### Description and Cause of Incident:

Body Part Injured: \_\_\_\_\_ Left Right Both (Check One If

Body Part Injured: \_\_\_\_\_ Left Right Both Applicable)

Body Part Injured: \_\_\_\_\_ Left Right Both

Initial Medical Treatment: Basic First Aid EVAC/EMS Emergency Room None

Medical Treatment Requested: Yes No If no treatment is requested, a refusal of treatment form must be submitted with this form.

By signing below, I certify that the information supplied on this claim form and the documentation attached hereto is true and correct.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Supervisor Information:

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Does the supervisor agree with the description and cause of the incident? YES NO (Check One)

Date Employee Returned to Work After The Incident: \_\_\_\_\_

### Supervisor Comments:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Completed Forms Within 24 Hours To:

DeLand  
Office of Risk Management  
421 N. Woodland, Unit 8318, DeLand, FL 32723  
Email: [riskmanagement@stetson.edu](mailto:riskmanagement@stetson.edu) | Fax: 386-822-7034

College of Law  
Office of Human Resources  
1401 61st Street South, Gulfport, FL 33707  
Email: [hr@law.stetson.edu](mailto:hr@law.stetson.edu) | Fax: 727-562-7676