Perry Township Schools

Completed form must be returned to Human Resources within 24 hours of injury by submitting using the "Submit" button below or scanning directly to **workcomp@perryschools.org**.

Failure to return this document timely may result in discipline due to state reporting requirements

Workers' Compensation Phone Number: (317)789-3994 After Hours (317)407-3919

Employee's Report of Accident/Injury

Instructions: Please Print. Fill in all blanks. If a blank does not pertain to your accident or injury write "N/A" in that blank. When complete, please return to your supervisor by selecting "Submit" below or scanning.

Employee Information

Name:_____Phone Number (_____)_____

Address: _____

Employee Incident Information

Job Title	Supervisor Name
Reported by someone other than the employee? ☐ Yes,_____ ☐ No	Location of Accident (include building name and room)
Time_____AM◯PM◯ and Date of Accident	Task Being Performed
Name of Witness	Witness contact information (phone or email)
Describe the Accident/Injury:	
Part(s) of body impacted by Accident/Injury:	

Workers' compensation claims occurring between 7:00 a.m. and 7:00 p.m. will be seen at Franciscan Working Well 747 E. County Line Road Greenwood, Indiana P: 317-528-8009

Workers' compensation claims occurring between 7:00 p.m. and 11:00 pm. will be seen at Greenwood Immediate Care 1001 North Madison Ave. Greenwood, Indiana P: 317-888-3508 ***THIS IS FOR AFTER HOURS USE ONLY***

Employee should describe in their own words what happened:
Were you using the required safety equipment? Yes ☐ No ☐ Check here if N/A ☐
What could have prevented this Accident/Injury?

Employee's Signature: _____ **Date:** _____

****STOP** Send to workcomp@perryschools.org and copy your supervisor on the email or scan this directly to you supervisor**

Supervisor Report

Did Employee seek First Aid?
Did employee seek medical treatment? Yes ☐ No ☐ Employee Refused Medical Treatment ☐
What could be done to prevent a similar occurrence from happening again?

Admin/Supervisor Signature: _____ **Date:** _____

Return completed form to workcomp@perryschools.org

If building nursing staff member on site rendered first aid, please document below

HR's Name Signature: _____ **Date:** _____

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Submit