



COMMUNITY LIVING BRANT  
WORKER'S REPORT OF INJURY / DISEASE / VIOLENCE

Describe what happened to cause the injury:
Who was the injury reported to:
Describe your activities at the time of the injury:
Provide name, address and phone # of witnesses:
Any additional information:
What can be done to prevent re-occurrence?:
Signature of Injured Worker: _____ Date: _____

<b>SUPERVISOR TO COMPLETE THIS SECTION</b>
Immediate Action Taken (include steps taken to prevent a recurrence):
Signature of Supervisor: _____ Date: _____
Distribution: to Human Resources - immediately