

The supervisor is responsible for conducting an investigation of the injury/illness. This form should be completed to help assist with the investigation. The completed form should be submitted to Human Resources. Contact the Safety Office at ext. 7786 if you need assistance or advice regarding your investigation. If the injury involved a trip, slip, or fall, contact the Safety Office and request a photograph of the accident site. They may ask to see exactly where the accident occurred.

I - Report Information

Employee Name: _____ Radford ID Number: _____

Employee Title: _____ Department: _____

Date of Report: _____ Date & Time of Incident: _____

Supervisor Name (completing this report): _____

II - Employee's Description of Incident

Complete this section with the employee, as soon as possible after the incident is reported. Additional pages can be attached.

Describe what happened:	
Describe your injury:	
Where did the incident happen?	
What do you believe caused the incident to happen?	
What do you believe could have prevented the incident?	
Who saw the incident happen?	
Any additional comments?	

Employee Certification: The statements provided above are true and accurate to the best of my knowledge.

Employee Signature: _____ Date: _____

III - Supervisor Comments

What actions have been taken to prevent reoccurrence?	
Any additional comments?	

Supervisor Signature: _____ Date: _____

Continue the incident report by having each witness complete the witness statement form on the next page. Additional witness statement forms can be found on the Workers' Compensation section of the HR website.

**Workers' Compensation - Supervisor Incident Report
Witness Statement Form**

Download this form first to use fillable features.

Revised: 03/2022

Each witness named in the Employee's Description should complete a Witness Statement. The supervisor is responsible for conducting the investigation of the incident and having each witness complete this form. Additional Witness Statement Forms can be found on the Workers' Compensation Section of the HR Website and can be submitted/attached to the Supervisor Incident Report.

I - Report Information (Completed by Supervisor)

Employee Name: _____ Date of Incident: _____

Witness Name: _____ Phone Number: _____

II - Witness Description of Incident

To be completed by or with the witness present. Additional pages can be attached.

Describe what happened:	
Did you actually see the incident happen?	
Where did the incident happen?	
What do you believe caused the incident to happen?	
How do you believe could have prevented the incident?	
Who saw the incident happen?	
Any additional comments?	

Witness Certification: The statements provided above are true and accurate to the best of my knowledge.

Witness Signature: _____ Date: _____

III - Supervisor Comments

Any additional comments?	
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Supervisor Signature: _____ Date: _____

Supervisor Name: _____

The completed Supervisor Incident Report and Witness Statement(s) can be submitted to Human Resources by:
Secure Upload: [SendSecure](#), Mail: PO Box 6889, Fax: 540-831-6278, Delivered in-person: 314 Tyler Avenue 2nd Floor.