



Cortland County Community Action Program, Inc. (CAPCO)

32 North Main Street ❖ Cortland, NY 13045

Phone: (607) 753-6781 ❖ Fax: (607) 758-3620 ❖ www.capco.org

Head Start ❖ Early Head Start ❖ Energy Services ❖ WIC ❖ Consumer Directed Personal Assistance ❖ Family Development

Accident/Incident Report

Employee Information:

Employee Name:			
Employee Address:		Date of Accident/Incident:	
Employee Phone Number		Employee Date of Birth:	
Employee Job Title:			

Incident Information:

Nature of Injury (i.e., Laceration, burns, fracture, strain, etc.)		Initial Treatment:	<input type="checkbox"/> No Medical Treatment <input type="checkbox"/> Minor Treatment/First Aid <input type="checkbox"/> Urgent Care/ER/Dr. Visit <input type="checkbox"/> Future Medical Appt.
Part of Body Effected (i.e., Left arm, right eye, upper torso, multiple, etc.)			<u>If treated:</u> Where: Doctor's Name:
Cause of Injury (i.e. Motor vehicle, machinery, Injury by lifting, etc.)			
Accident/Incident Description			

Incident Location

Location Narrative (i.e., ELC2, Main Office, South Main)	
Physical Address:	

Witnesses (if applicable*)

Witness Name	Contact Information (if known)

Additional information about incident/accident:

Any additional details you would like to provide regarding incident:

Signature of Employee: _____

Date: _____

HR Department Signature: _____

Date: _____