

**Pittsburg State University**  
**Incident Report**

Note to employees: Complete this incident report and give to your supervisor within 10 days of the incident. Complete this form even if you do not miss work or seek medical treatment. You may be denied workers compensation benefits if you do not complete this report and give to your supervisor within 10 days.

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_ a.m. / p.m.

Place of Incident: \_\_\_\_\_

Describe how the incident occurred and what you were doing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your injury: \_\_\_\_\_  
\_\_\_\_\_

Did you receive medical care? \_\_\_\_ yes \_\_\_\_ no\*

If yes, name and address of attending physician: \_\_\_\_\_

Have you returned to work? \_\_\_\_ yes \_\_\_\_ no\* Date returned to work: \_\_\_\_\_

\* Important: Notify your supervisor immediately if you receive medical care for the injury or miss work because of the injury at a later date.

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

Note to supervisors: Give a copy of this report to the employee and send a copy to the Campus Environmental Officer (c/o Building Trades and Landscape Maintenance). Keep the original in your files. Complete the State of Kansas Employer's Report of Accident. Keep a copy of the SOK Report of Accident for your files. Send the original SOK Employer's Report of Accident with a copy of the Incident Report to Human Resource Services, 204 Russ Hall.