



# INCIDENT REPORT



Date of incident	Time of incident	Location of incident			
Employee(s) notified					
Incident description					
<b>INJURED PARTY</b>					
Name		Phone		Email	
Street address			City	State	Zip
Clothing/footwear description					
Injury description					
Medical care received					
Who performed medical care? <input type="checkbox"/> First responder <input type="checkbox"/> Police <input type="checkbox"/> Other:					
<b>WITNESS INFORMATION</b>					
Name		Phone		Email	
Incident description					
<b>ADDITIONAL INFORMATION</b>					
<input type="checkbox"/> Photos of incident location	<input type="checkbox"/> Mats in the incident area	<input type="checkbox"/> Surveillance/video footage	<input type="checkbox"/> Signage in the incident area		
Form completed by					Date

If severe injuries occur, notify Acuity at 800.242.7666 or [acuity.com](http://acuity.com) to file a claim.