



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1701 A3**

INCIDENT REPORT

Complete this form for all occupational injuries for the agency's record. For occupational injuries requiring medical attention or lost workdays, also call the Telephonic Reporting Center at 1-877-656-RISK (7475) as soon as possible within 24 hours of knowledge of injury. Provide this form to your supervisor.

Employee Information			
Name:		Job Title:	
ID #:		SS#:	
Office Phone:		Office Email:	
Office Address:			
City:	State:	Zip:	
Signature:		Date:	
Incident information			
Incident Date:		Incident Time:	
Date incident was reported by employee:			
Describe the injury or illness (e.g. cut, burn, etc.):			
How did the injury or illness occur?			
Did the incident occur on DHS premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Where did the incident occur, provide address if possible?			
Supervisor Information			
Name:			Title:
Signature:			Date: