

EDUCATIONAL SERVICE CENTER OF NORTHEAST OHIO

6393 Oak Tree Blvd., Independence, OH 44131

Phone: 216-524-3000 Fax: 216-284-3167

***Employee Incident  
Report***

***MUST BE SUBMITTED WITHIN 24 HOURS OF INCIDENT***

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ Date of Birth \_\_\_\_\_

Submit to: ESC Personnel Office by email; [anna.tieri@escneo.org](mailto:anna.tieri@escneo.org)

OR Fax (216) 284-3167 AND Employee Supervisor

Name \_\_\_\_\_

*(Please Print)*

*Position*

Address \_\_\_\_\_

*(Street, City, State and Zip Code)*

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Location of the incident \_\_\_\_\_

Description of the incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extent of injuries (if any) \_\_\_\_\_

\_\_\_\_\_

Was initial treatment sought? \_\_\_\_ YES \_\_\_\_ NO

If YES WHERE? \_\_\_\_\_

Other pertinent information that might establish the cause of the injuries or conditions associated with them

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of WITNESS to Incident \_\_\_\_\_

ESC/SUPERVISOR was notified on what date? \_\_\_\_\_