



Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation is guilty of a felony.

(The Administrative Director of the Division of Workers' Compensation (California Labor Code Section 5401.7) has approved this notice).

EMPLOYEE NAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
JOB TITLE		DATE OF HIRE	
DATE OF HIRE		DATE OF BIRTH	
HOME ADDRESS		ENTITY	
		DEPARTMENT	
INCIDENT DATE	TIME OF INCIDENT	LOCATION OF INCIDENT	
DATE REPORTED	TME WORK BEGAN	INCIDENT REPORTED TO	
NATURE OF INJURY (e.g., puncture, strain, cut, fracture, burn, etc.):			
BODY PART INJURED (e.g., right wrist, left knee, head, lower back, etc.):			
INJURY SOURCE (e.g., wet pavement, jack hammer, keyboard, etc.):			
WHO WITNESSED THE INCIDENT?			
The information contained in this report is true and correct to the best of my knowledge. EMPLOYEE'S SIGNATURE		DATE	

Initiate incident investigation in accordance with the Injury and Illness Prevention Program (IIPP)