

Employer's Statement Form for Work Injury

The **employer's statement form** sample for work injury is a crucial document used to report details of an employee's workplace accident. It ensures accurate communication between the employer, insurance carriers, and medical professionals. Completing this form promptly helps facilitate proper claims processing and employee support.

Employer Information

Employer Name:

Employer Address:

Contact Person:

Contact Phone:

Employee Information

Employee Name:

Employee ID/Number:

Position/Title:

Department:

Accident Details

Date of Injury:

Time of Injury:

Location of Injury (e.g., warehouse, office):

Nature and extent of injury (describe exactly what happened):

Names of any witnesses:

Immediate Action Taken

First aid provided? By whom?

Was medical attention sought? (Yes/No, where):

Work Status

Is the employee able to return to work? (Yes/No, explain):

Preventive Actions

What steps have been taken to prevent similar incidents?

Employer's Signature	Date