Workers’ Compensation – Incident Documentation Instructions

1. **Employee Statement**
The employee completes, signs, and dates the form. If the employee is physically unable to complete the form, the supervisor can record the answers, as specified by the employee. If the supervisor must complete the form on behalf of the employee, note this in the “Any Other Relevant Information” section of the form.

2. **Supervisor Statement**
The supervisor completes, signs, and dates the form. The supervisor is anyone with supervisory authority, who was present at the time of the incident, or to whom the incident was reported. It need not be the direct supervisor, particularly if the direct supervisor was not present or involved in the investigation or reporting of the incident.

3. **Witness Statement**
The witness(es) completes, signs, and dates the form. A witness may include non-employees. A witness may also be someone who did not see the incident, but was aware of circumstances leading to the event, or in contact with the employee following the incident.

4. **Submit**
Send the forms to the Office of Human Resources-Employee Benefits Unit within 24 hours of the incident. If all of the statements are not available within 24 hours, send those that are complete. Forms may be faxed to 410-704-6320, or 6321. Forms may also be emailed, via Towson’s secure file delivery service, to leavebenefits@towson.edu.

If photographs or video of the incident are available, please include them with the forms.

5. **Questions**
Contact the Office of Human Resources at 410-704-2162, or leavebenefits@towson.edu, if you have any questions or need assistance.

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