Creative Potential, LLC

912 Norwich New London Turnpike,

Unit #5, Uncasville, CT 06382

EMAIL TO INFO@CREATIVEPOTENTIALLLC.COM

ACCIDENT/INCIDENT REPORT FORM

Date of incident: _____   Time: _____ AM_____ PM_____

Name of injured person(s): _____

Address: _____

Phone Number(s):_____

Date of birth: _____   Male _____   Female _____

Who was injured? _____   Client _____   Employee _____   General Public

Type of injury: _____

Location:

Injury requires physician/hospital visit?   Yes _____   No _____

Name of physician/hospital:_____

Address: _____

Physician/hospital phone number: _____

Signature of injured party _____   Date_____

Was medical attention desired and/or required.

Return this form to info@creativepotentialllc.com within 24 hours of incident.

Please Describe the situation that happened (be specific)

_____   _____
Person writing the report name/ signature   Supervisor accepting report name/ signature