

TRENTON BOARD OF EDUCATION
108 NORTH CLINTON AVE.
TRENTON, NEW JERSEY 08609

WITNESS STATEMENT REPORT OF INJURY/ILLNESS

Please use this form to report all work-related illnesses/injuries involving staff members. This form should be faxed the same day of illness/injury to: Lucia Archila-Correa, Human Resources Generalist. Any questions or concerns please call: 609-656-4900, ext. 5730 or email lcorrea@trenton.k12.nj.us

NAME OF INJURED EMPLOYEE: _____

YOUR NAME: _____

DATE/TIME OF INJURY _____ TODAY'S DATE: _____

YOUR JOB TITLE: _____

REMARKS: (In your own words, provide details about how this injury/illness occurred)

STATE WHAT YOU BELIEVE CAUSED THIS INJURY/ILLNESS:

PLEASE LIST ANY OTHER WITNESSES:

WHAT IN YOUR OPINION CAN BE DONE TO PREVENT A SIMILAR TYPE OF INJURY/ILLNESS IN THE FUTURE?

SIGNATURE OF WITNESS: _____