

***Injury Claim Form (Employee or Customer)***

**Store Location:** \_\_\_\_\_

**Injured Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **A.M.**  
**P.M.**

**Witnesses:** \_\_\_\_\_

**Will a Doctor be seen:**    **Yes**            **No**

**Injury Description: (Name exact body part: burn-right hand, cut-index finger left hand, etc.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did the injury occur:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_