Accident Report Form

Gordon State College

This form should be completed if medical treatment is needed for an employee injury/illness that occurred on the job. If no medical treatment is necessary, the Incident Report Form should be completed. Once this form is completed, the manager of the injured employee (or their designee) should call Amerisys at 877-656-7475 and report the claim; the unit ID # is 7278.

Claim Number_____

Employee Information

Name _____

Social Security Number _____ Birth Date_____

Home Phone _____ Office Phone_____

Address _____

_____

Email Address _____

Marital Status _____ Number of Dependents_____

Employment Information

Date of Hire _____

Job Title _____

# of Days Worked per Week _____ Pay Rate_____

Supervisor's Name _____

Supervisor's Phone Number _____

Accident Information

Date of Injury _____ Time of Injury_____

Date Reported to Employer _____ Time Shift Started_____

Location of Accident _____

Type of Injury/Illness _____

Body Part Affected _____

How Accident Occurred _____

Time Shift Started _____

Witnesses _____

Any Treatment _____

Where? _____

Transportation to Treatment _____

Date Returned to Work _____

After claim # has been obtained, inform employee of their next steps, per instructions from Amerisys, and forward this form to humanresources@gordonstate.edu.

Phone # for injured employee to call to schedule treatment: 404-554-8300, Option 2.