



333 West Wacker Drive \* Suite 1200 \* Chicago IL 60606-1731 \* Phone (800) 419-3205 \* SandnerGroup.com

## SUPERVISOR'S REPORT

SUPERVISOR NAME

CLAIMANT NAME

DATE OF ACCIDENT PLACE  
OF ACCIDENT

TIME OF ACCIDENT

DATE SUPERVISOR NOTIFIED OF ABOVE ACCIDENT

DESCRIBE ACCIDENT AS ALLEGED BY CLAIMANT

DESCRIBE INJURIES AS ALLEGED BY CLAIMANT

LIST NAMES & ADDRESSES OF WITNESSES TO THE OCCURRENCE

DATE CLAIMANT NOTIFIED SCHOOL DISTRICT OF ALLEGED INCIDENT

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_