

EMPLOYEE INJURY INCIDENT REPORT

SPEECH, LANGUAGE, AND EDUCATIONAL ASSOCIATES
16500 Ventura Blvd., Suite 414
Encino, CA 914367

(818) 788-1003

Personnel Involved:

Location of Incident:

Date and Time of Incident:

Name of Client:

Witnesses Names:

Description of Incident:

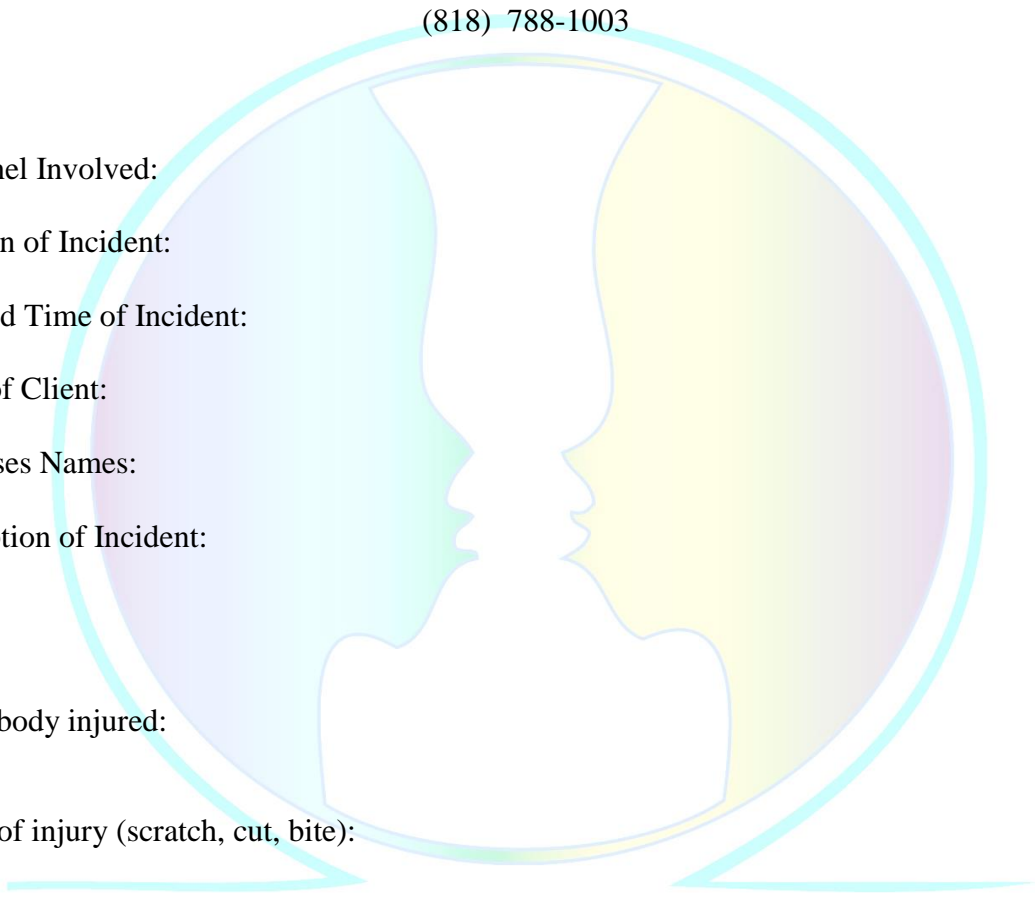
Part of body injured:

Nature of injury (scratch, cut, bite):

Action Taken:

Name of Supervisor:

Sign and Date:



SLEA

Speech, Language and Educational Associates

100% Employee Owned

Send to CFO (rwarren@speechassociates.com)