



REPORT WORK RELATED INJURIES
ASSAULTS, ACCIDENTS, ETC.
HEALTH AND SAFETY DEPARTMENT
WORKERS' COMPENSATION HELP LINE
CALL 212-510-6460
ASSAULTS OR OTHER INCIDENTS:
CALL UFT VICTIM SUPPORT
212-598-6853

WORKERS' COMPENSATION INTAKE FORM

For
Paraprofessionals, School Nurses,
Occupational and Physical Therapists

When a member calls to report an accident, work-related illness, information on Workers' Compensation or to report an incident/assault please:

Fax a copy of this intake form to the UFT Safety and Health Department at 212-331-6310.

Date of Call:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time of Call:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM DD YY				MM DD YY		
Intake Person:						Office #:	<input type="text"/>
Call Received at:	Bronx	<input type="checkbox"/>	Manhattan	<input type="checkbox"/>	Brooklyn	<input type="checkbox"/>	Staten Island
	Central	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Victim Name:						File or EIS#:	<input type="text"/>
Victim Address:				City:	<input type="text"/>	State:	<input type="text"/>
Home Phone #:	<input type="text"/>	Mobile Phone #:	<input type="text"/>	Email Address:	<input type="text"/>		

Incident Details

Incident Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	School Year:	<input type="text"/>	Case Year:	<input type="text"/>
	MM DD YY						
School /Worksite:	<input type="text"/>	District:	<input type="text"/>	Region:	<input type="text"/>	Borough:	<input type="text"/>
School Phone:	<input type="text"/>	Perpetrator Known to Victim:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Chapter Leader:	<input type="text"/>			Para Representative:	<input type="text"/>		

Briefly describe incident/accident/injury
