

EMPLOYEE'S REPORT OF INCIDENT

Knowledge Quest Academy requires that any employee who has had a work-related incident, which results in injury, must report the incident immediately to his/her supervisor and complete this form. Loss of benefit penalties may be imposed if you fail to complete this form and return it to your supervisor or district office within 24 hours.

I, _____ employed by **Knowledge Quest Academy** was involved in a work-related incident, which resulted in an injury.

These are the locations of the four approved designated providers.

Workwell Occupational Medicine - Greeley
2528 W 16th St
Greeley, CO 80634
Telephone: 970-356-9800

Banner Occupational Health Colorado
1703 E. 18th Street, Bldg 4
Loveland, CO 80538
Telephone: 970-820-4580

Banner Occupational Health Colorado-NCMC
1517 16th Ave Ct
Greeley, CO 80631
(970) 810-6810

UCHEALTH-PVMG-OCC-Health-Loveland
221 E 29th Street, Ste 102
Loveland, CO 80538
(970) 624-3355

If you plan to seek medical treatment, please indicate below which location you will be going to:

Greeley _____ Loveland _____ None _____

I **do not** plan on seeking medical treatment: Initial here: _____

Signed: _____ Date: _____

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