



INJURY REPORT

When submitting an incident or complaint and an injury has taken place, please fill in the below form and send to your Autotech Recruit consultant with your Incident/Complaint Form.

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|------------------------|--|
| Contractor's full name | |
| Contact number | |
| Email address | |

| | |
|---|--|
| Date of incident | |
| Where did this take place? | |
| Who was injured? | |
| What injury was sustained? | |
| What was the cause of the injury? | |
| Were there any witnesses, if so, please give details? | |



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| Did you take any photographs if applicable? Please email with form. | |
| Who did you report this incident to and when? | |
| Was an accident report completed for health and safety? | |
| Was any treatment required for the injury? If so, what? | |

Print name: _____

Signature: _____

Date: _____

Email to your Autotech Recruit consultant on hello@autotechrecruit.co.uk or fax to: 0871 528 9720.