

Mesquite ISD Workers' Compensation
Employee/Witness Written Statement

Injured Employee: _____ Campus: _____

Date of Injury: _____ ☐ Injured Employee ☐ Witness

- Specific activity the employee was engaged in when injury occurred:

- How did the injury occur? Provide detailed sequence of events:
(For example, employee slipped on wet floor in hallway while walking and fell on both knees)

Date: _____

Signature

Print Name