

NOTICE OF INJURY TO EMPLOYER



IMPORTANT: Do not send this form to the WCB. Keep one copy for yourself and provide a copy to your employer.

If the workplace incident has resulted in an injury requiring healthcare attention or time off from work, please report the injury to the WCB by calling:

204-954-4100 or toll free 1-855-954-4321 (8:00 a.m. – 7:00 p.m., Monday – Friday)

Injured Worker Name _____

Injured Worker Address _____

Date of Injury _____ Time _____ a.m. p.m.

Location of Incident (site address and location on site)

Description of Incident

Description of Injury

Time Off Work Due to Injury Yes No

Names of Witnesses (if any) _____

Supervisor Signature _____

Injured Worker Signature _____

Date _____