



THE SANDNER GROUP™
Claims Management

155 North Wacker ■ Suite 3700 ■ Chicago, IL 60606-1731 ■ Phone: (800) 419-3205 ■ SandnerGroup.com

SUPERVISOR'S REPORT

SUPERVISOR NAME

CLAIMANT NAME

DATE OF ACCIDENT

TIME OF ACCIDENT

PLACE OF ACCIDENT

DATE SUPERVISOR NOTIFIED OF ABOVE ACCIDENT

DESCRIBE ACCIDENT AS ALLEGED BY CLAIMANT

DESCRIBE INJURIES AS ALLEGED BY CLAIMANT

LIST NAMES & ADDRESSES OF WITNESSES TO THE OCCURRENCE

DATE CLAIMANT NOTIFIED SCHOOL DISTRICT OF ALLEGED INCIDENT

SIGNATURE_____

DATE_____