



ANIMAL - RELATED INCIDENT QUESTIONNAIRE
(PLEASE PRINT OR TYPE)

This questionnaire should be answered in full, since it will serve as the basic document for the possible recovery of the damages caused by the responsible party.

PERSONAL	
1. Employee's name (in full):	2. Present mailing address:
3. Telephone - Home: - Work:	4. Employer's name and address:
5. Worksite location of employee:	
ACCIDENT	
6. Date and time of accident:	7. Location of accident:
8. Brief statement of your version of this incident (if more space is required, please attach an additional sheet of paper):	
9. Name(s) and address(es) of witness(es):	
10. Did accident occur on dog-owner's property? ☐ Yes ☐ No (if letter carrier, is this address on your usual delivery route?) ☐ Yes ☐ No If No , please elaborate.	
11. Did you or your employer report this accident to the dog-owner or a member of the household? If Yes , to whom was it reported and how? (If in writing, please include copy of letter.) ☐ Yes ☐ No	
12. Were police and/or animal control representative(s) called to investigate this accident? If Yes , please give name(s), badge number(s) and address(es) of investigative official(s). ☐ Yes ☐ No	
DATA	
13. Description of dog (size, type, colour and markings):	14. Full name and address of dog-owner (or person sheltering the dog):
15. Did you approach this dog immediately prior to attack (i.e. pet, etc.) If Yes , please elaborate. ☐ Yes ☐ No	16. Has this dog ever displayed aggressive tendencies towards you prior to this accident? If Yes , please elaborate. ☐ Yes ☐ No
17. Do you or your employer have any knowledge of anyone previously being attacked by this dog? If Yes , please give name(s) of individual(s). ☐ Yes ☐ No	
INJURIES AND OTHER DAMAGES	
18. Description of your injuries (include photographs, if possible):	19. Name(s) and address(es) of attending physician(s), therapist(s), or hospital(s):
20. List any treatment(s) prescribed (include medication):	21. Description of other damage (torn or soiled clothing, broken glasses [include invoices, where applicable]):

Employee's Signature

Date

The information you provide is collected under the authority of the *Government Employees Compensation Act* (GECA) and the *Department of Employment and Social Development Act* (DESDA) and is protected under the *Privacy Act*. Personal information is used to administer claims under the GECA, determine the validity of the claim, identify third parties responsible, identify treatment plan facilitate return to work and determine monetary entitlement for compensation benefits.

Completing the questionnaire is voluntary; however, refusal to provide personal information will result in being excluded from any potential compensation benefits which you may be entitled to under GECA.

The information may be shared with the Department of Justice and/or third party for the purposes of maintaining an action against the third party. The information you provide may be used and/or disclosed for program development in accordance with ESDC protocols for policy, analysis, research, and/or evaluation (PARE) activities. However, not that these additional uses and/or disclosures of personal information will never result if an administrative decision being made about you.