

Report of Injury

This form should be completed by all employees injured on the job. The Supervisor should complete this form within 24 hours of the injury. Please submit this form at the bottom, fax (573.882.7861) or email to umrimwclaims@umsystem.edu

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Columbia Kansas City Missouri

In order to utilize the submit button you will need to save the form to your desktop, close browser, then reopen document. Enable javascript if prompted. Once the form is completed and signed select the Submit Form button. You may also fax or email to umrimwclaims@umsystem.edu

Submit Form