

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Insurance Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally submit a grievance claim regarding a personal injury I sustained on [date of incident] due to [brief description of incident]. The injury has significantly affected my daily life and required [mention any medical treatments or impacts].

Enclosed are copies of relevant documents including medical records, bills, and any evidence pertaining to the incident. I request a prompt review of my claim and appropriate compensation for my injuries and associated costs.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]