

Workplace Injury Compensation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request compensation for the injury I sustained while performing my duties at [Company's Name] on [Date of Injury]. The incident occurred when [briefly describe the incident and nature of the injury].

As a result of this injury, I have experienced [describe the impact of the injury, including medical treatment, time off work, etc.]. I have attached all relevant medical documentation and reports to support my claim.

In accordance with our company policy and state regulations regarding workplace injuries, I kindly request that my compensation claim be processed at your earliest convenience. If you require any further information or documentation, please do not hesitate to reach out.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]