

# Incident Report Request for Injury Verification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip]

[Email Address]

[Phone Number]

[Recipient Name]

[Company/Organization Name]

[Recipient Address]

[City, State, Zip]

Dear [Recipient Name],

I am writing to formally request an incident report regarding the injury that occurred on [insert date of incident] at [location of incident]. This report is necessary for the verification of the injury sustained and will assist in the appropriate follow-up actions needed.

The details of the incident are as follows:

- Date of Incident: [Insert Date]
- Description of Incident: [Brief description of what happened]
- Individuals Involved: [Names of individuals involved]
- Witnesses: [Names of witnesses, if applicable]

Please send the incident report to the address mentioned above or via email at [Your Email Address]. Should you require any further information or documentation, please do not hesitate to contact me.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]