

Workers' Compensation Claim Application

Date: [Insert Date]

[Your Full 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 submit my workers' compensation claim for a repetitive strain injury I sustained while performing my duties at [Company's Name]. The injury has been progressively affecting my ability to perform my job, as detailed below.

Description of Injury:

I began experiencing symptoms of [describe symptoms] starting on [date]. After consulting with [medical professional's name] on [date], I was diagnosed with [specific diagnosis]. This condition is a direct result of the repetitive tasks I perform as [your position].

I primarily engage in [briefly describe tasks and responsibilities], which I believe contributed to my injury.

Please find attached any medical documentation and incident reports that support my claim. I request that you process this claim promptly so that I can receive the benefits necessary for my recovery.

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

Sincerely,

[Your Name]