

Workers' Compensation Claim Filing

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Employer's Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally file a workers' compensation claim following a slip and fall incident that occurred on [insert date of incident] while I was performing my duties at [insert location of incident]. As a result of the fall, I sustained injuries that required medical attention.

The details of the incident are as follows:

- Date of Incident: [Insert Date]
- Time of Incident: [Insert Time]
- Location: [Insert Location]
- Description of Incident: [Brief description of how the incident occurred]
- Injuries Sustained: [List any injuries sustained]

I have attached copies of my medical records, incident report, and any relevant photographs to support my claim. I would appreciate your prompt attention to this matter and any necessary steps to ensure that my claim is processed efficiently.

Thank you for your assistance in this matter. Please do not hesitate to contact me if you require further information or documentation.

Sincerely,

[Your Name]
[Your Job Title]
[Employee ID (if applicable)]