

Workers' Compensation Claim Notification

Date: [Insert Date]

To: [Insert Employer's Name]

Company: [Insert Company Name]

Address: [Insert Company Address]

Dear [Employer's Name],

I am writing to formally notify you of a workplace accident that occurred on [Insert Date of Accident] at [Insert Location]. As a result of this incident, I sustained the following injuries: [Briefly describe injuries].

As per our company policy and state regulations regarding workers' compensation, I would like to initiate a claim for compensation for my medical expenses and any lost wages related to this incident.

Details of the incident are as follows:

- Date of Accident: [Insert Date]
- Time of Accident: [Insert Time]
- Location of Accident: [Insert Location]
- Description of the Accident: [Provide a brief description]

I have sought medical attention from [Insert Medical Provider's Name] and attached all relevant medical documents for your reference.

Please confirm receipt of this notification and advise me on the next steps in processing my workers' compensation claim.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]