

Occupational Injury Documentation

Date: [Insert Date]

To whom it may concern,

This letter is to formally document an occupational injury that occurred on [Insert Date of Injury] at [Insert Location/Company Name].

Employee Information:

- Name: [Employee Name]
- Job Title: [Employee Job Title]
- ID Number: [Employee ID]

Details of the Incident:

Description of the injury: [Brief Description of Injury]

Incident Time: [Insert Time]

Incident Report Number: [Insert Report Number]

The injury was reported to [Supervisor/Manager Name] immediately following the incident. First aid treatment was provided by [Name of First Aid Provider].

Please find attached all relevant medical documentation regarding the treatment received and recommendations for recovery.

If you require any further information or clarification, please do not hesitate to contact me at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]