

Worker's Compensation Injury Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, ZIP Code]

Dear [Employer's Name],

I am writing to formally inform you of an injury I sustained while performing my duties at [Workplace/Location] on [Date of Injury]. The details of the incident are as follows:

Injury Details:

- Date of Injury: [Insert Date]

- Time of Injury: [Insert Time]

- Description of Injury: [Brief description of the injury]

- Circumstances of Injury: [Details of the incident leading to the injury]

I have sought medical attention and can provide documentation of my injury and the treatments I have received.

As a result of this injury, I am requesting that you initiate a worker's compensation claim. Please find attached [any necessary documents such as medical reports, witness statements, etc.].

I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your understanding.

Sincerely,

[Your Name]