

Claim for Workplace Injury Compensation

Date: [Insert Date]

[Claimant's Name]

[Claimant's Address]

[City, State, Zip Code]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally submit a claim for compensation due to a workplace injury I sustained on [Insert Date of Injury]. The incident occurred while I was [briefly describe the circumstances of the injury].

As a result of this injury, I have experienced [describe your injuries and any medical treatment received]. I have enclosed copies of the relevant medical reports and any other documentation that supports my claim.

According to [cite relevant laws or company policies], I understand that I am entitled to compensation for medical expenses and lost wages arising from this injury. I would appreciate your prompt attention to this matter and look forward to a timely response.

Thank you for your consideration.

Sincerely,

[Claimant's Name]

[Claimant's Phone Number]

[Claimant's Email Address]