

# Injury Report Submission Verification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Company Address]

Dear [Recipient's Name],

This letter serves to confirm that we have received your injury report submitted on [Date of Report Submission]. We understand the importance of this matter and are currently reviewing the details provided in the report.

Please be assured that we will keep you updated regarding the progress of this report and any necessary follow-up actions that may be required.

If you have any questions or need further assistance, do not hesitate to contact us at [Your Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company/Organization Name]

[Your Contact Information]