

Occupational Injury Report Receipt

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee ID: [Insert Employee ID]

Department: [Insert Department]

Incident Date: [Insert Incident Date]

Incident Time: [Insert Incident Time]

Location of Incident: [Insert Location]

Description of Injury: [Insert Description]

Action Taken: [Insert Action Taken]

This letter confirms the receipt of the occupational injury report submitted by the above-mentioned employee. We take such incidents seriously and will conduct a thorough investigation.

If you have any questions or require further information, please do not hesitate to contact us.

Thank you,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]