

Accident Documentation Confirmation

Date: [Insert Date]

To: [Employee's Name]

From: [Supervisor's Name]

Subject: Confirmation of Workplace Accident Documentation

Dear [Employee's Name],

This letter serves to confirm the documentation of the workplace accident that occurred on [insert date of accident]. We acknowledge the details provided regarding the incident, and we are committed to ensuring your well-being.

The following details have been documented:

- Date of Incident: [Insert Date]
- Location: [Insert Location]
- Description of Incident: [Insert Description]
- Injury Sustained: [Insert Injury Details]
- Witnesses: [Insert Names]

Please feel free to reach out if you have any further information to provide or questions regarding this matter. Your health and safety are our top priority.

Sincerely,

[Supervisor's Name]
[Supervisor's Position]
[Company Name]
[Contact Information]