

Incident Confirmation Letter

Date: [Insert Date]

To: [Employee's Name]

From: [Supervisor's Name]

Subject: Confirmation of Workplace Injury Incident

Dear [Employee's Name],

This letter serves to confirm that an incident occurred on [Insert Date of Incident] at [Location of Incident], which resulted in an injury to you.

We have recorded the details of the incident as follows:

- **Date of Incident:** [Insert Date]
- **Time of Incident:** [Insert Time]
- **Location:** [Insert Location]
- **Description of Incident:** [Brief Description]
- **Injury Sustained:** [Description of Injury]

Please be assured that we are dedicated to ensuring your health and safety, and we will take all necessary steps to support your recovery.

If you have any questions or require further assistance, please do not hesitate to contact me directly.

Best regards,

[Supervisor's Name]

[Supervisor's Position]

[Company Name]

[Contact Information]