

Workers' Compensation Claim Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Employer's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally submit a workers' compensation claim for an injury that occurred on [Date of Injury] while I was performing my duties as a [Your Job Title] at [Location of Injury].

Details of the incident are as follows:

- **Date of Injury:** [Date]
- **Time of Injury:** [Time]
- **Description of Incident:** [Brief description of how the injury occurred]
- **Nature of Injury:** [Description of the injury]

I have sought medical attention from [Doctor's Name/Hospital Name] and will be providing the necessary medical documentation to support my claim. Attached to this letter are copies of the medical reports and any other relevant documents.

Please let me know if there are any additional forms or information required to process my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]