

# Workers' Compensation Claim

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

**[Employer's Name]**

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally submit my workers' compensation claim due to a repetitive strain injury sustained during the course of my employment at [Company Name].

Over the past [duration], I have been experiencing discomfort and pain in my [specific body part, e.g., wrist, shoulder] due to the repetitive nature of my job duties, which include [briefly describe job tasks]. I sought medical attention on [date of medical visit] and was diagnosed with [diagnosis].

Attached to this letter are copies of my medical records and the doctor's recommendation for treatment. Please let me know if you require any additional documentation for my claim.

I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]