

Workers' Compensation Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Employer's Name]

[Employer's Address]

[City, State, Zip Code]

Dear [Employer's Name or Workers' Compensation Coordinator],

I am writing to formally submit my workers' compensation claim for the slip and fall accident that occurred on [date of accident] at [location of accident].

On the day of the incident, I [briefly describe what happened, e.g., "was walking in the break room when I slipped on a wet floor and fell, resulting in injuries to my [specific body parts injured]."]

As a result of the accident, I have experienced [describe your injuries and any medical treatment received, e.g., "severe pain, immobility, and have undergone medical treatment, including doctor visits and physical therapy."]

I have included copies of my medical reports, incident report, and any other relevant documents to substantiate my claim. Please let me know if you need any additional information or documentation.

Thank you for your prompt attention to this matter. I look forward to your response regarding my claim.

Sincerely,

[Your Signature]

[Your Printed Name]