

Workers' Compensation Claim Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally report a workplace accident that occurred on [Insert Accident Date] at [Location of Accident]. I sustained injuries as a result of this incident, which I believe entitles me to file a workers' compensation claim.

Details of the Incident:

- Date of Accident: [Insert Date]
- Time of Accident: [Insert Time]
- Description of Incident: [Briefly describe what happened]
- Nature of Injuries: [Describe your injuries]

I have already sought medical attention and have attached copies of the medical reports for your review. I request that you initiate the workers' compensation process and provide me with the necessary forms to complete my claim.

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

Sincerely,

[Your Name]