

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Company's Name]  
[Company's Address]  
[City, State, Zip Code]

Subject: Demand for Compensation for Workplace Injury

Dear [Recipient's Name],

I am writing to formally demand compensation for the injuries I sustained on [date of injury] while working at [company name]. As you are aware, the incident occurred [briefly describe the incident], resulting in [describe injuries and impact on your life].

Despite following all safety protocols, the lack of adequate measures [mention any specific safety violations or neglect] led to my injuries. I have incurred medical expenses totaling [amount] and have also faced loss of wages amounting to [amount] due to my inability to work during my recovery.

In light of these circumstances, I request a total compensation of [total amount requested], which includes:

- Medical expenses: [itemized list]
- Lost wages: [itemized list]
- Pain and suffering: [description]

Please respond to this letter by [date, typically 14-30 days from the date of this letter] to discuss this matter further. If I do not receive a response by then, I may have to consider pursuing legal action to seek appropriate compensation.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]  
[Your Job Title/Position] (if applicable)