

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]
Dear [Recipient's Name],
Subject: Workers' Compensation Claim - [Claim Number/Reference]
I hope this letter finds you well. I am writing to formally submit my workers' compensation claim for an incident that occurred on [Date of Incident].
Details of the Incident:
- **Date of Incident**: [Insert Date]
- **Location**: [Insert Location]
- **Description of Incident**: [Briefly describe what happened]
Injuries Sustained:
- [List any injuries sustained as a result of the incident]
Medical Treatment:
- I have received medical treatment from [Name of Healthcare Provider] and have attached the relevant medical records for your review.
Impact on Employment:
- As a result of my injuries, I have been unable to perform my job duties and require compensation for [insert duration, if applicable].
Enclosed Documents:
- [List any attached documents such as medical records, incident reports, etc.]
Please let me know if you require any further information or documentation to process my claim. I look forward to your prompt attention to this matter.
Thank you for your assistance.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Job Title (if applicable)]
[Your Claim Number (if applicable)]
Enclosures: [List of enclosed documents]