

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

[Labour Department Name]
[Department Address]
[City, State, Zip Code]

Subject: Injury Report - [Employee's Name]

Dear [Labour Department Official's Name or "To Whom It May Concern"],
I am writing to formally report an injury that occurred on [Date of Incident] at [Location of Incident]. The details of the incident are as follows:

****Employee Information:****

- Name: [Employee's Name]
- Position: [Employee's Job Title]
- Employee ID: [Employee ID Number]

****Incident Details:****

- Date and Time of Incident: [Date and Time]
- Description of Incident: [Provide a brief description of how the injury occurred]
- Nature of Injury: [Describe the type of injury sustained]
- Immediate Action Taken: [Explain any first aid or medical assistance provided]
- Witnesses: [List any witnesses to the incident]

****Follow-Up Actions:****

- Medical Attention: [Indicate if the employee has sought medical attention and the name of the medical facility]
- Reported to Supervisor: [Confirm if the immediate supervisor has been informed]

I have attached all relevant documentation, including [list any attached documents, such as medical reports or photographs].

Please let me know if you require any further information to process this report.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Job Title]
[Your Company Name]