

[Company Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Employee Name]  
[Employee Address]  
[City, State, Zip Code]

**RE: Notice of Workers' Compensation Claim Investigation**

Dear [Employee Name],

We have received your report regarding a work-related injury or illness alleged to have occurred on [Date of Incident].

Please be advised that we are currently initiating a formal investigation into this claim. This is a standard procedure to ensure all facts are gathered and to determine the compensability of the claim under state workers' compensation laws. During this period, your claim is in a "pending" status.

As part of this investigation, you may be required to:

- Provide a detailed written or recorded statement regarding the incident.
- Sign a medical release form to allow for the review of relevant medical records.
- Attend an Independent Medical Examination (IME) if requested.
- Provide contact information for any witnesses to the incident.

Our claims administrator, [Administrator Name/Insurance Carrier], will be contacting you shortly to discuss the next steps. Please cooperate fully with their requests to avoid any delays in the processing of your claim.

If you have any questions regarding this process, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Name]  
[Title]  
[Company Name]