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

[Date]

[Employer Name]
[Company Name]
[Address]
[City, State, Zip Code]

RE: Formal Notice of Workplace Injury and Request for Claim Filing

Dear [Manager or HR Representative Name],

I am writing to formally report an injury I sustained during the course of my employment and to initiate the Workers' Compensation filing process. Below is the step-by-step information regarding my claim:

Step 1: Incident Details
Date of Injury: [Date]
Time of Injury: [Time]
Location: [Specific area where the injury occurred]
Description: [Briefly describe how the injury happened and what body parts were affected].

Step 2: Medical Treatment
I have [already sought / plan to seek] medical attention for this injury. I visited [Provider Name/Hospital] on [Date]. The physician's initial assessment was [Briefly state diagnosis if known].

Step 3: Required Paperwork
Please provide me with the necessary state-mandated Workers' Compensation claim forms (e.g., [State specific form number, like Form C-3 or DWC-1]). I will complete my portion and return it to you immediately for your submission to the insurance carrier.

Step 4: Reporting to Insurance
Once the forms are submitted, please provide me with the following information for my records:
- Workers' Compensation Insurance Carrier Name
- Policy Number
- Claim Number (once assigned)

Step 5: Follow-up and Return to Work
I will keep you updated on my medical status and any work restrictions provided by my doctor. I intend to cooperate fully with all requirements to ensure a smooth transition back to my duties.

Please acknowledge receipt of this letter and provide the requested forms by [Date/Time].

Sincerely,

[Signature]

[Printed Name]