

[Attorney Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

[Date]

[Employer Name]

[Attn: Human Resources / Legal Department]

[Address]

[City, State, Zip Code]

**RE: Notice of Representation and Psychological Injury Claim**

Claimant: [Employee Full Name]

Date of Birth: [DOB]

Date of Injury/Onset: [Date]

To Whom It May Concern,

Please be advised that [Law Firm Name] has been retained to represent [Employee Full Name] regarding a psychological workplace injury claim arising out of their employment with [Employer Name].

This letter serves as formal notice of the claim. The injury includes, but is not limited to, [e.g., Post-Traumatic Stress Disorder, Severe Anxiety, Depression] resulting from [e.g., workplace harassment, traumatic event, or chronic stress].

We request that you immediately forward this letter to your workers' compensation insurance carrier and/or legal counsel. Please provide us with the following information within [Number] days:

- The name of your insurance carrier and the policy number.
- The claim number assigned to this matter.
- A complete copy of the employee's personnel file.
- Any incident reports or internal investigations related to this claim.

Please direct all future communications regarding this matter exclusively to our office. Do not contact our client directly regarding this claim.

Furthermore, we formally request that you preserve all evidence related to this claim, including emails, surveillance footage, witness statements, and internal correspondence.

Sincerely,

[Attorney Signature]

[Attorney Printed Name]

[Law Firm Name]