

**Date:** [Date]

**To:**

[Employer Name/Company Name]  
[HR Department or Supervisor Name]  
[Company Address]

**From:**

[Employee Full Name]  
[Employee ID Number, if applicable]  
[Home Address]  
[Phone Number]

**Subject: Notice of Formal Workers' Compensation Claim**

Dear [Name of Supervisor or HR Manager],

This letter serves as formal written notice to report a work-related injury sustained during the course of my employment with [Company Name].

**Incident Details:**

- **Date of Injury:** [Date]
- **Time of Injury:** [Time]
- **Location:** [Specific location where injury occurred]
- **Description of Incident:** [Briefly describe how the injury happened]
- **Description of Injury:** [Briefly describe the affected body part and nature of injury]

I [have/have not] sought medical attention at this time. (If applicable: I received treatment from [Doctor/Hospital Name] on [Date]).

I am requesting that you file the necessary workers' compensation claim forms with the company's insurance carrier and providing me with copies of the completed documentation for my records.

Please let me know if there are additional internal forms I need to complete or if you require further information regarding this incident.

Sincerely,

[Employee Signature]

[Printed Employee Name]