SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

DATE: [Date]

TO:
[Name of Government Entity/City Attorney/Risk Management]
[Address Line 1]
[City, State, Zip Code]

RE: NOTICE OF TORT CLAIM

CLAIMANT INFORMATION:
Name: [Your Full Name]
Address: [Your Address]
Phone Number: [Your Phone Number]
Date of Birth: [Your DOB]

INCIDENT INFORMATION:
Date of Incident: [Date]
Time of Incident: [Time]
Location of Incident: [Specific Location/Address]
Involved Officers: [Names and Badge Numbers, if known]
Police Report Number: [Report Number, if available]

DESCRIPTION OF INCIDENT:
[Provide a concise statement of the facts describing the police misconduct. Include details of the interaction, the specific actions taken by the officers, and why those actions were unlawful or negligent.]

DESCRIPTION OF INJURIES/DAMAGES:
[Describe any physical injuries, emotional distress, property damage, or financial losses incurred as a result of the incident.]

WITNESSES:
[List names and contact information for any witnesses, if known.]

LEGAL BASIS FOR CLAIM:
This claim is based on police misconduct including, but not limited to: [List specific violations such as excessive force, false arrest, illegal search, or battery].

AMOUNT OF DAMAGES SOUGHT:
[State the total dollar amount being claimed for medical bills, lost wages, and pain and suffering.]

Sincerely,

[Your Signature]
[Your Printed Name]