NOTICE OF TORT CLAIM

TO: [Name of Employer/Entity]
ADDRESS: [Street Address, City, State, Zip Code]

FROM (Claimant): [Your Full Name]
ADDRESS: [Your Street Address, City, State, Zip Code]
PHONE: [Your Phone Number]

DATE OF INCIDENT: [Date]

LOCATION OF INCIDENT: [Specific Workplace Location/Department]

DESCRIPTION OF CLAIM:

This letter serves as formal notice of a tort claim against [Name of Employer] for workplace negligence. The incident occurred as follows: [Describe the events leading to the injury, including what safety protocols were missed or what negligent actions occurred].

BASIS OF LIABILITY:

The employer breached its duty of care by: [List specific failures, e.g., failure to maintain equipment, lack of safety training, or failure to remedy a known hazard].

DESCRIPTION OF INJURIES AND DAMAGES:

As a direct result of this negligence, the claimant sustained the following:

- Physical Injuries: [List injuries]
- Medical Expenses: [List current and estimated future costs]
- Lost Wages: [Amount of income lost due to inability to work]
- Other Damages: [Pain and suffering, emotional distress, etc.]

DEMAND FOR RELIEF:

Claimant seeks compensation in the amount of $[Total Dollar Amount] to settle this matter.

Sincerely,

[Signature]
[Typed Name]
[Date]