Sample: Reporting Work Injury Letter

Date:

Name of Supervisor
Title
Employer Name
Employer Address

Dear [Supervisor]:

Please accept this letter as written notice that I believe I experienced a work related injury on [date] as the result of being injected with a vaccine taken to further my employment. I am suffering side effects from the injection and request medical care and any and all other benefits I may be entitled to. Further, I request the following:

- Please provide to me any claim forms or applications for benefits that I must complete and advise and how many days I have to submit the completed forms.
- Please provide the name of our Workers Compensation carrier and their contact information.
- Please provide me with instructions on how I obtain medical care for my injury.
- Please advise of any other instructions or paperwork necessary to begin the Workers Compensation benefits process.

Please advise me if you need any other information in order to complete my requests.

Thank you for your assistance with this matter. I look forward to working with you through this time.

[Name of Injured Worker]