



PERSONAL INJURY CLAIM FORM

Full Legal Name: _____ Date of Birth: _____
(Last Name, First Name, MI) (00/00/00)

Mailing Address: _____
(Street address, City, State, Zip Code)

Email: _____

Cell Phone: _____ Home Phone: _____
(000-000-0000) (000-000-0000)

Description of Injury

In this section, provide as much detail as you can. Be specific on the nature of injury stating if this was a fracture or a sprain. Be specific on the body part and side of body injured. Then provide as much detail as to the cause on this injury. Please note, **you MUST provide the following:** 1) Medical documentation showing an injury occurred; 2) Proof of the expense you wish to be reimbursed; 3) Your health insurance policy information showing the coverages you have (also known as your Schedule of Benefits); 4) Your insurance Explanation of Benefits; 5) If possible, photos of the injury and/or location/cause of the injury; 6) Police report or police report number (if applicable). **Failure to provide this information will delay the claim process and could result in a denial of your claim. Please note, providing this information does not guarantee payment to you. The City of Grand Rapids reviews each claim individually.**

Date: _____ Time of Incident: _____ Address of Incident: _____
(00/00/00) (00:00 am/pm) (Street address, City, State, Zip Code)

Witness Names and Phone Numbers: _____

Nature of Injury: _____
(Example: Strain, Sprain, Fracture, Contusion, Laceration, etc.)

Body Part Injured: _____
(Example: Left Hand, Lower Back, Back of Head, etc.)

Describe in detail how and why did the injury happen? (Use the back of this page or an additional sheet if more space is needed):

Name of City Employee you spoke with (if applicable): _____

Did you make a claim against your insurance? YES NO If yes, please provide their contact details: _____
(Circle One)

Please state the total dollar amount you are claiming from the City of Grand Rapids: _____
(You are REQUIRED to provide documents supporting this dollar amount)

Claimant Declaration and Signature

By signing below, I hereby swear the information provided above and attached to this claim is true and accurate under penalty of law.

Signature: _____ Date : _____

For Risk Management Use Only

Department Involved: _____

Substantiated? YES NO Action Take: APPROVE DENY CLOSE

Reason: _____

Amount Approved: _____

Date Received Stamp