

# LIABILITY CLAIM FORM

## ENTITY NAME

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Date of Incident \_\_\_\_\_  
Locations of Incident \_\_\_\_\_  
Date Reported to ENTITY \_\_\_\_\_  
Person Reported To \_\_\_\_\_

**Description of Incident**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Witnesses (include contact information)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you feel Entity is responsible for this Incident?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_