



## Injury Claim Form

Please type or print clearly using ink. All fields must be completed to initiate investigation process. Incomplete forms will not be accepted. Forms must be submitted with a copy of the applicable law enforcement or Stetson University Public Safety report.

**Claimant Information:**

Claimant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Relationship to Stetson:            Student            Employee            Visitor            800#: \_\_\_\_\_

**Description of Incident:**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM    PM  
Location: \_\_\_\_\_

**Description and Cause of Incident:**

**Name and Contact Information for Witnesses:**

**Claim Information:**

**Explain why you believe Stetson University is responsible for the injury:**

**Dollar Amount of Claim:**    \$ \_\_\_\_\_

**Explain how you calculated the amount:**

**Report Information:**

*Please indicate the law enforcement or University agency to whom this incident was reported. A copy of the report will be required with submission of this form.*

**Agency:** \_\_\_\_\_ **Report Number:** \_\_\_\_\_

*By signing below, I certify that the information supplied on this claim form and the documentation attached hereto is true and correct. I understand that this documentation will be reviewed, but does not guarantee payment nor an acceptance of University responsibility.*

**Claimant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_