

University of Washington Claim Form

In order to file a claim, return completed form to: Claim Services
Box 354964
Seattle, WA 98195
(206) 543-3657 Fax: (206) 543-6744
Website: <http://risk.uw.edu/>

In the event that the claim cannot be resolved informally, filing this claim with the University of Washington does not constitute a filing with the Department of Enterprise Services pursuant to RCW 4.92.110. This claim form is subject to public disclosure, and may be disclosed without redaction.

Claimant's Name/Names (Person alleging damages): _____

Claimant's Date of Birth: _____

Claimant's Home Telephone Number: _____

Claimant's Business Telephone Number: _____

Claimant's Email Address: _____

Mailing Address: _____

Residence Address (if different): _____

Department allegedly responsible for damage/injury: _____

Total amount of damages claimed: _____

Give itemization of damages for total amount claimed: _____

Date of incident: _____ Time: _____

Location of incident: _____

Names, addresses, and telephone numbers of all persons involved in/or otherwise witness to this incident:

Names and telephone numbers of University employees having knowledge about this incident:

Describe circumstances causing injury or damages (attach extra pages if necessary):

Name, address, and telephone number of treating physician:

If you elect to submit copies of medical reports and billings with this form, please note that your health information may be subject to public disclosure without redaction.

I/We submit that I/we have read the foregoing and submit that the information contained therein is true and correct to the best of my/our knowledge.

1st Claimant's signature: _____ Date: _____

2nd Claimant's signature: _____ Date: _____