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.

UW complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. If you have limited English proficiency, please see page 4.

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):

_____________________________________________________________________________________________
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If applicable, please provide name, address, and telephone number of treating physician (attach medical reports and billings):

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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: _______________________

_____________________________________________________________________________________________