



CLAIMANT NAME	AGE	MAILING ADDRESS
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CLAIMANT CONTACT PHONE	EMAIL
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WHEN did damage or injury occur? _____

WHERE did damage or injury occur? _____

HOW and under what circumstances did damage or injury occur?

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WHAT particular action by the District or its employees caused the alleged damage or injury? (Include names of employees, if known.)

(Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed. Attach estimates or bills, if possible.)

Amount:

TOTAL AMOUNT CLAIMED:

WITNESS(ES) NAME(S) and addresses of witnesses, doctors, and hospitals:

SIGNATURE OF CLAIMANT

QUESTIONS? Contact the Office of Risk Management at riskmanagement@socccd.edu