



Human Resources Risk Management, 35 Cabarrus Ave, Concord , NC 28205

Extent of Damage:

Four horizontal lines for text entry.

Estimate of damage: _____ (include supporting documents of your claim)

Names and contact information of any witnesses involved:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

NOTE: BY SUBMITTING THIS FORM, THE CITY OF CONCORD IS NEITHER ACCEPTING NOR DENYING LIABILITY OR RESPONSIBILITY FOR THE OCCURRENCE DESCRIBED ABOVE. IN ADDITION, FURTHER INFORMATION MAY BE REQUIRED FROM THE CLAIMANT IN ORDER FOR THE CITY'S INSURANCE CARRIER TO MAKE A FINAL CLAIM DECISION.

I acknowledge that the information provided herein is true, complete, and an accurate statement regarding the facts of my claim. I authorize the City of Concord to investigate my claim and to obtain necessary information including confidential or medical information that may be relevant to my claim.

Signature of Claimant

Date