

Shannon Hutchins
Director



Carter Lemmerman
Deputy Director

Human Resources Department

General Liability Claim Against Forsyth County

Claimant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Business Phone: _____ Cell Phone: _____

E-mail address: _____

If claim involved a vehicle, Year: _____ **Make:** _____ **Model:** _____

Plate Number: _____ **DL Number:** _____ **Issuing State:** _____

At the time of the accident, you were (check all that apply): Owner Driver Passenger N/A

Name and address of owner if different from claimant:

Claim Event Information: Date of Incident: _____ Time: _____ AM PM

Specific Location:

Please describe what happened, as specifically as possible:

Please state how you believe Forsyth County or its employees were at fault:

Please describe any injuries, property damages, or other losses related to this claim:

Please provide the names of any County employees or Departments you believe caused the damages or injuries:

Please provide the names, addresses, and phone numbers of anyone who suffered injuries related to this claim:

Please provide the name and address of the owner of any damaged property, if different than the claimant:

Damages Claimed:

Amount claimed as of this date: \$ _____

Estimated amount of future costs: \$ _____

Total amount claimed: \$ _____

The basis for calculation of amounts claimed (please attach copies of all bills, invoices, estimates, etc.)

Names and address of witnesses:

Additional Information:

I certify that the above facts are true and accurate to the best of my knowledge.

Claimant Print Name

Claimant Signature

Date

A claim must be filed with Forsyth County Risk Management as soon as possible. Normal business hours are: M-F, 8:00 am – 5:00 pm. Closed on official holidays. Claims received during regular business hours will be recorded on the date received. Mailed, emailed, or hand-delivered claims received after business hours will be recorded on the next working day. Please be sure your claim is against Forsyth County, and not another public entity. Where space is insufficient, please use additional paper and identify relative area.

Completed forms may be mailed, emailed, or hand-delivered to: Risk Management, 201 N Chestnut Street, Winston Salem, NC 27101. Phone: 336-703-2400 Email: riskmanagement@forsyth.cc

201 N. Chestnut Street • Winston-Salem, North Carolina 27101 • 336 / 703-2400 • Fax 336 / 727-2193

www.forsyth.cc/HumanResources

Equal Opportunity Employer

Other pertinent information:

201 N. Chestnut Street • Winston-Salem, North Carolina 27101 • 336 / 703-2400 • Fax 336 / 727-2193

www.forsyth.cc/HumanResources

Equal Opportunity Employer