

LEGAL REFERRALS



Please check appropriate box:

Intent to Sue
(Notice of Claim – pending investigation)

Disability Retirement

Date: _____

UFT Inc.# _____
(if available)

GENERAL INFO

Member/Claimant _____

Name: _____

Home Address: _____

Home Phone: _____

Alternate Phone: _____

Email: _____

D.O.B: _____

School Name/Code: _____

District: _____

Address: _____

MANNER IN WHICH CLAIM AROSE

Describe what happened: _____

When (date of incident): _____ Time _____

Where: _____

Location: _____

Condition(s): _____

INJURIES CLAIMED

Description of injuries: _____

NOTICE OF CLAIM REQUIREMENTS ARE:

Manner In Which Claim Arose: (i.e., while crossing the street I was struck by a car; while in my classroom, a student threw a book at me; a student struck me, etc.)

When/Time: date and time of incident

Where/Location: specific address, room or area where it occurred, (not just P.S. so and so), or, if in hallway, then state 1st floor or 2nd floor near A staircase or B staircase, etc.)

Injuries Claimed: identify body part (including Left or Right) and significance (i.e., fracture, bruise, sprain, etc.)

Date scanned/mailed: _____ Time: _____ Sender: _____



United Federation of Teachers • *A Union of Professionals*
UFT Safety and Health Department • Victim Support Program
Revised 03/24/17

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