



NOTICE OF LOSS OR CLAIM

Please complete all information requested below. Do not leave any information blank – if something does not apply, please fill in “N/A.” Attach any additional information you may have (for example: accident reports, attorney’s correspondence, testimony/witness reports, etc.) that will enhance the information submitted. Thank you!

1. Date of this NOTICE:	
2. Department Name:	
3. Claimant’s Name:	
4. Date of Loss:	
5. Date of Claim:	
6. Claimant Information (i.e., age, job, family, other pertinent information)	
7. Description of Accident/incident:	
8. Location of Accident/ Incident:	
9. Injuries and/or damages:	
10. Claimant Attorney Name, Firm & Location:	
11. Is the investigation complete?	YES NO
12. If no, what investigation activity remains?	
13. Action Plan and/or additional comments:	
14. Please list any attachments that are a part of this NOTICE:	
15. Name of person submitting this NOTICE:	
Address:	
Phone No:	
Email:	

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