

## TEXAS STATE UNIVERSITY CLAIM FORM

Name  Email address	Local address	Permanent address
Student/Employee ID number	Phone	Today's date

### **Injury**

Date of injury	Time of injury	Place of injury
Witnesses' names	Witnesses' addresses	Witnesses' phone numbers
Please describe how the injury happened (use another sheet if necessary).		

### **Medical Treatment**

If you sought medical treatment as a result of this injury, please provide the following information and submit copies of your medical bills to date.

Name of medical service provider	Address	Dates of treatment
Description of treatment		Cost of treatment to date

**Property Damage**

If your property was damaged, please provide the following information.

Describe the property that was damaged	How was your property damaged?
Date damaged	Place
Was your property repaired or replaced?	What was the cost to repair or replace your property? (Please attach copies of any bills or estimates.)

**Reporting the Incident**

Did you report the incident to the police or tell any other person about it? If so, please tell us:

Name of person or office to whom you reported	Address	When you reported

**Reimbursement**

What amount of reimbursement do you seek from Texas State University?
Please explain why you believe this amount is due you.

**Please submit your completed form and any supporting documentation to:**

**Texas State University  
TSUS Office of General Counsel  
J.C. Kellam Administration Building, Room 1040  
San Marcos, TX 78666  
Fax: (512) 245-9633  
Email: [tsusgencoun@txstate.edu](mailto:tsusgencoun@txstate.edu)**