

GENERAL LIABILITY CLAIM

NOTICE TO CLAIMANT

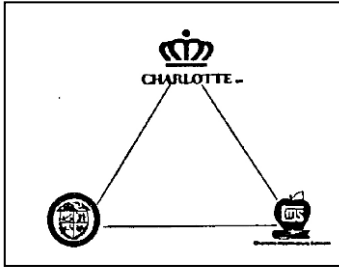
If you have been involved in an accident and/or wish to file a claim against Charlotte-Mecklenburg Board of Education, it is necessary to submit a written claim.

Please complete the attached General Liability Claim form in its entirety and return it to your school's contact person for forwarding to the CMS Safety Department located at Building Services, Courier #785, or mail directly to DIRECTOR OF SAFETY, 3301 Stafford Drive, Charlotte, NC 28208. All claims will be processed internally prior to submission to the Risk Management Claims Division. The Risk Management Claims Adjuster will investigate your claim prior to rendering a final decision on liability and/or making any payment(s). This process can take up to 4-6 weeks, depending upon the nature of your claim.

Special Note

Sole authority to settle and/or pay claims rest with the governing authorities and select personnel of Division of Insurance and Risk Management of Charlotte. CMS employees are not authorized to determine liability or attempt to obligate the Charlotte-Mecklenburg Board of Education for payment of a claim. **Therefore, Risk Management of Charlotte will not be obligated to provide any payment(s) toward a claim based on statements of employees prior to completion of an investigation into the claim.**

Thank you for your patience and cooperation in this matter.



GENERAL LIABILITY

(TO BE COMPLETED BY PARENT OR GUARDIAN)

Telephone 980-343-5156

Fax 980-343-6044

Name: _____
First Middle Last

Address: _____

City _____ State _____ Zip Code _____

Daytime Phone No: _____ Home: _____ Cell: _____

Exact Location of Incident: (Include **CMS Facility Name**, Street No. and Landmarks): _____

Date of incident: _____ Time of Day: _____ A.M. _____ P.M. _____

Weather condition at time of incident: _____

Tell us what happened (Attach a separate sheet to form if more space is needed.) _____

Was anyone injured? _____ Name of person injured: _____

Describe injuries: _____

Have you contacted or have you been contacted by any other department about this incident?

Yes _____ No _____

If yes, which department and/or name of contact? _____

I acknowledge that the above information is true and correct.

Signature: _____ Date: _____

Parent or Guardian

Return To: DIRECTOR OF SAFETY
3301 Stafford Drive
Charlotte, NC 28208

