

**CLAIM AGAINST THE
SAN DIEGO UNIFIED SCHOOL DISTRICT**

Please be sure your claim is against the San Diego Unified School District, not another public entity or school district.
Completed claims must have an original signature and be mailed or hand-delivered to Risk Management, San Diego Unified School District, Revere Center, Room 7, 6735 Gifford Way, San Diego, 92111, Telephone (858) 627-7346. Where space is insufficient, please use additional paper and identify information by paragraph number. Any supporting documentation should be attached.

The undersigned submits the following claim and information:

1. Name of Claimant _____

2. Address of Claimant _____ City _____ Zip Code _____

Email Address: _____ Home Phone: _____ Work Phone: _____

3. Name, telephone number, address to which claimant desires notices to be sent if other than above:

4. Claimant's Driver's License Number: _____ State: _____

Social Security Number: _____ Date of Birth: _____

5. Claimant's Insurance Liability Carrier Name/Address (if applicable):

Carrier's Phone Number: _____ Policy Number(s): _____

6. Occurrence or event from which the claim arises:

Date: _____ Time: _____

Place (specific location): _____

7. Specify the particular occurrence, event, act or omission which is the basis for your claim:

8. State how the San Diego Unified School District or its employees are alleged to be at fault:

9. Describe the nature of your loss, injury, or property damage, so far as is known at the time of this claim. If your claim involves a vehicle, include license, year, make, and model:

10. Give the name(s) of the School District employee(s) causing the damage or injury:

11. Name and address of any other person suffering a loss or injury (if applicable):

12. Name and address of the owner of any damaged property (if applicable):

13. DAMAGES CLAIMED:

Amount claimed if it totals less than \$10,000: _____

Basis for computation of amounts claimed (please attach copies of all bills, invoices, estimates, etc.):

14. Names and addresses of all witnesses known to you who may have information related to this claim:

15. Any additional information that might be helpful in considering claim:

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code § 72).

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief as to such matters I believe the same to be true. I declare under penalty of perjury that the foregoing is true and correct.

Date

Claimant's Signature