



SAFETY OFFICE

STATEMENT OF CLAIMANT

This form is designed to assist you in making a claim against the State of North Carolina for damages or injuries that you believe to have been the result of negligence on the part of a State employee. Upon completion of this statement, please return it to the UNCA Safety Office, at the above address. Following an investigation by the Department of Justice of the State of North Carolina, you will be contacted and notified as to whether the State will voluntarily assume liability of your claim.

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1. Your Name: _____
 2. Your Address: _____
 3. Telephone: Business: _____ Home: _____
 4. Date of Accident: _____ Time: _____ Place: _____
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Under the laws of the State of North Carolina, before any liability can be placed upon the State, the person who has been damaged or injured must be able to name a specific State employee who was the direct cause of the accident. If a specific employee is not named, the claim cannot be paid under any circumstances. Under the provisions of the laws of North Carolina, it is not sufficient that you can name a supervisor or foreman when the accident was caused by some other employee. It is also necessary that you describe exactly how you feel the State employee was negligent.

5. State agency involved: _____
6. State employee you consider negligent: _____
Address: _____
7. Explain in your own words how you were injured or damaged and in what way you believe the State employee named above was negligent:

Facilities Management
The University of North Carolina at Asheville
Physical Plant, CPO #1100
Asheville, NC 28804-8500

828/251-6564
Fax 828/251-6455
State Courier 12-61-01

NORTH CAROLINA'S PUBLIC LIBERAL ARTS UNIVERSITY

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