

Tort Claim for Damages Instruction Guide

Read the instructions before you file a Tort Claim for Damages.

If you believe Tacoma-Pierce County Health Department (Department) harmed you or you suffered a loss as a result of negligent actions by our employees, submit a claim to the Business Manager. If the Business Manager isn't available, submit to the Confidential Assistant of the Director of Health. The Business Manager and Confidential Assistant can receive these claims against the Department, its employees, agents or officials, pursuant to Board of Health Resolution 2011-2471 and RCW 4.96.020.

Tort claim submissions are subject to public disclosure pursuant to RCW 42.56.

Instructions:

- Type or print clearly in ink.
- Answer all questions to the best of your ability.
- Provide all requested information and any available documents or evidence supporting your claim (medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.).
- Use additional blank sheets if needed.
- If you are filing a personal injury claim, provide a signed medical release.

The Tort Claim for Damages form must be signed by:

- The claimant;
- The attorney in fact for the claimant, pursuant to a written power of attorney;
- An attorney admitted to practice in Washington State on the claimant's behalf; or
- A court-approved guardian or guardian ad litem on behalf of the claimant.

Submit claim by mail or in person

Submit the Tort Claim for Damages to the Business Manager or Confidential Assistant of the Director of Health between 8 a.m.-4 p.m., Monday-Friday. Our office is closed on weekends and most holidays. We don't accept claims submitted online, via email, or fax.

Tacoma-Pierce County Health Department
Attention: Business Manager
3629 S. D St.
Tacoma, WA 98418-6813

The Business Manager or an insurance claims representative will contact you if we need additional information to evaluate the claim.

Questions?

Contact the Business Manager at (253) 649-1515.

Tort Claim for Damages Incident For

Use dark blue or black ink to complete this form. Type or print clearly. Answer all questions to the best of your ability.

Mail or deliver signed claim to:
Tacoma-Pierce County Health Department
Attention: Business Manager
3629 S. D St., Tacoma, WA 98418-6813
Monday – Friday (exclude legal holidays)
8 a.m.-4:30 p.m.

For Official Use Only

Received by _____ Date: _____

Mail In person

Insurer Notified: _____

Amount of Claim: _____

Disposition: _____ Date: _____

Other: _____

1. Claimant's name: _____
Last name First Middle Date of birth
(mm/dd/yyyy)
2. Current residential address: _____
3. Mailing address (if different): _____
4. Residential address at the time of the incident:
(if different from current address) _____
5. Claimant's telephone number: _____
Home Business cell
6. Claimant's e-mail address: _____
7. Date of the incident: _____ Time: _____ a.m. p.m.
(mm/dd/yyyy)
8. If the incident occurred over a period of time, provide date of first and last occurrences
From _____ Time: _____ a.m. p.m.
(mm/dd/yyyy)
To _____ Time: _____ a.m. p.m.
(mm/dd/yyyy)
9. Location of incident: _____
Address City, State and Zip Code
10. Names and telephone numbers of all persons involved in or witness to this incident:

13. Names and telephone numbers of all staff having knowledge about this incident:

14. Names and telephone numbers of all individuals not already identified in #13 and #14 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant’s resulting damages. Please include a brief description about the nature and extent of each person’s knowledge. Attach additional sheets if necessary.

15. Describe how we caused your injuries or damages (if your injuries or damages were not caused by the Department, do not use this form. You must file your claim against the correct entity). Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

16. Have you reported this incident to law enforcement, safety or security personnel? If so, when and to whom? Attach a copy of the report or contact information.

17. Provide names, addresses and telephone numbers of treating medical providers. Submit copies of all medical reports and billings.

18. Attach any other documents which support the allegations of the claim.

19. I claim damages from Tacoma-Pierce County Health Department the sum of \$_____.

This Claim form must be signed by one of the following (check appropriate box).

- Claimant.
Person holding a written power of attorney from the Claimant.
Attorney in fact for the Claimant.
- Attorney admitted to practice in Washington State on the Claimant’s behalf.
- Court approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Claimant	Date and place (residential address, city and county)
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Or

Signature of Representative	Date and place (residential address, city and county)
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Print Name of Claimant or Representative	Bar Number (if applicable)
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