



Claim Form for Damages To Person Or Personal Property

A claim against the Rancho Santiago Community College District must be filed with the District within six (6) months after which the incident or event occurred. (Government Code, section 911.2)

Completed claims must be delivered or mailed to:

Rancho Santiago Community College District
Attn: Risk Management Department
2323 N. Broadway, #225, Santa Ana, CA 92706

Name of Claimant: _____
(Last) (First) (Middle)

Home Address: _____ Phone #: _____

When Did Injury or Damage Occur: _____
(month/day/year) (Time of day)

Where Did Injury or Damage Occur? _____

How Did Injury or Damage Occur? _____

Names, address and phone number of Witnesses, Doctors, Hospitals or persons who may have information regarding your injury or damages: _____

Names of School Employees Involved: _____

What Action or Inaction of District Employer(s) Caused Your Injury or Damages? _____

What Injuries or Damages Did You Suffer? _____

Include the estimated amount of any prospective injury, damage or loss insofar as it may be known at the time the claim is presented. State the amount of the claim if it is less than \$10,000 _____. Include copies of all bills, invoices and estimates.

Check here _____ if claim is between \$10,000 - \$25,000

Check here _____ if claim is greater than \$25,000

(Signature)

(Date)

(Relationship if not Claimant and address)

WARNING: Presentation of a false claim is a felony (Penal Code 72). Every person who, with intent to defraud, presents for payment any false or fraudulent claim is guilty of a felony punishable by fine and/or imprisonment.