

File #: _____

STATEMENT OF DAMAGE / INJURY FORM

For completion by a party claiming the University is responsible for damages to their property or person.

1. MR/MRS/MISS/MS/DR First Name: _____ Last Name: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Email: _____
Home Phone: _____ Daytime Phone: _____
2. DESCRIPTION OF DAMAGED PROPERTY / INJURY (USE REVERSE FOR DETAILED DESCRIPTION & ADDITIONAL WRITING SPACE)

3. INCIDENT DATE: MM _____ DD _____ YYYY _____ TIME (24:00) _____
LOCATION OF INCIDENT (Please be specific): _____
4. INDICATE CAUSE OF DAMAGE / INJURY: _____
5. AMOUNT OF CLAIM (ATTACH SUPPORTING DOCUMENTATION): \$ _____
6. WHO AT THE UNIVERSITY WAS THE DAMAGE / INJURY **FIRST** REPORTED TO? _____
7. WHEN WAS THE DAMAGE / INJURY **FIRST** REPORTED TO THE UNIVERSITY? _____
8. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL WITNESSES AND / OR UNIVERSITY STAFF INVOLVED:
NAME / TYPE: _____ ADDRESS: _____ TEL #: _____
NAME / TYPE: _____ ADDRESS: _____ TEL #: _____
NAME / TYPE: _____ ADDRESS: _____ TEL #: _____
9. For Claims involving the Police (SPVM): Police File #: _____ OR Transit File #: _____
10. STATE WHY YOU FEEL THE UNIVERSITY SHOULD BE RESPONSIBLE FOR YOUR DAMAGE / INJURY AND WHAT FURTHER ACTION(S) YOU WOULD LIKE THE UNIVERSITY TO TAKE:

11. I SOLEMNLY SWEAR THAT I AM THE OWNER OF ANY PROPERTY DAMAGED, THAT THE FOREGOING IS A CORRECT AND ACCURATE STATEMENT AS TO THE DAMAGES INCURRED AND THAT I HAVE NO INSURANCE OR WARRANTY OF ANY TYPE UNDER WHICH SUCH DAMAGES MAY BE RECOVERABLE.

Please Note: This statement is for information purposes only and its receipt in no way infers or constitutes acceptance of any responsibility or liability whatsoever by the University or any of its directors, officers, governors, employees or agents for the stated damages. This fully completed and signed form is to be sent to the University by mail, email or fax as follows: 1455 Boul. De Maisonneuve West, GM 700, Montreal, QC, H3G 1M8. Fax: 514-848-8626. Email: jf.baril@concordia.ca. Please note that there are limitation periods for providing the University with notice of certain types of claims and an ultimate limitation period to bring an action in respect of all claims.

Signature: X _____ Date: _____

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