

FILING A CLAIM AGAINST EAU CLAIRE COUNTY

In order to make a formal claim against Eau Claire County, including for damages to property, you must file the notice required by Wis. Stat. §893.80 and §59.07. State statute requires filing a written notice of the claim with the County Clerk. The written notice must be timely served to the Clerk within 120 days after the event causing injury or damage. The written notice should include the address of the claimant and information on the circumstances of the claim, including the date, time, location and description of what happened. Pictures if available should also be included. Also required is an itemized statement of relief sought setting forth a specific dollar amount.

CLAIMS MUST BE FILED AT THE FOLLOWING LOCATION:

Eau Claire County Clerk 721 Oxford Avenue, Suite 1310 Eau Claire, WI 54703

QUESTIONS REGARDING THE CLAIM PROCESS SHOULD BE REFERRED TO:

Sharon McIlquham Corporation Counsel 721 Oxford Avenue, Suite 3520 Eau Claire, WI 54703 (715) 839-4836 Sharon.McIlquham@eauclairecounty.gov

Any claim may be submitted on the form provided or some other format containing sufficient information. All claims must be signed and dated and be accompanied by bills and/or estimates for damages.

NON-EMPLOYEE ACCIDENT REPORT for EAU CLAIRE COUNTY

This report is to be completed whenever a non-employee experiences an accident (such as a slip & fall) on County property or damage to property. The person affected should complete this report, but it may be completed by anyone (citizen or employee) who witnesses the incident.

File completed form with Eau Claire County Clerk 721 Oxford Ave. St 1310 Eau Claire WI 54703

Date	Date of Incident:				Time:	Date Reported:		To Wh	iom:
Name of Injured Person (PRINT))	Address				Phone Number
	Yes	No	Was the i	njured pers	son asked if medi	cal treatment was nee	ded?		
	Yes	No	Was 911/	ambulance	e notified?	Yes	No	Was am	bulance transport accepted
	Yes	No	Did police come to so		scene?	Police repo	ort #:		
	Yes	No	Was medical attention sough		ion sought at a lat	er When:		Where:	
	Yes	No	Was the	incident re	eported immedia	tely to a County repre	sentative.		
	nt Names			Address	detalled flarrati	ve including injuries	, uamages,		al space on next page): one Number(s)
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Claimant Print NAME: ______ Signature: ______ Date: _____

Claimant Name:	Date:						
Narrative of incident or claim:							
Click or tap here to enter text.							