

LOS ANGELES COMMUNITY COLLEGE DISTRICT

CLAIM FORM

Instructions:

1. Read the entire form carefully.
2. Fill out the form completely. Attach additional information, if necessary.
3. Sign the claim form.
4. Deliver or mail claim to:

Board of Trustees
Los Angeles Community College District
c/o Office of the General Counsel
770 Wilshire Boulevard
Los Angeles, California 90017

Name of Claimant		
Address		
City	State	Zip code
Home telephone	Business/Day telephone	

Address and telephone number to which communications should be directed:		
Address		
City	State	Zip code
Telephone		

When did the damage or injury occur?	
Date:	Time:

Where did the damage or injury occur?		
Address		
City	State	Zip code

Please provide the name(s) of any employee(s) involved in the occurrence or transaction.	
Name(s):	Department:

Describe in detail how the damage or injury occurred.

Please describe the type and the amount of damages or injury incurred as of the date you filed this claim.

Jurisdiction for complaint (check one): <input type="checkbox"/> Municipal Court <input type="checkbox"/> Superior Court

PLEASE BE ADVISED:

- 1) Claims for death, or injury to person or to personal property must be filed within 6 months after the occurrence or transaction. (Gov. Code section 911.2)
- 2) All other claims for damages must be filed within 1 year of the occurrence or transaction. (Gov. Code section 911.2)
- 3) The Board of Trustees will grant or deny the application within 45 days after it is received by the Board. (Gov. Code section 911.6(a))
- 4) If the Board does not act on the application within 45 days, the application is deemed to have been denied. (Gov. Code section 911.6(c))

Signature of Claimant or person acting on his/her behalf:	Date
Print or type name	If other than Claimant, give relationship: