

**CLAIM AGAINST THE  
SAN DIEGO UNIFIED SCHOOL DISTRICT**

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Please be sure your claim is against the San Diego Unified School District, not another public entity or school district.  
Completed claims must be mailed or hand-delivered to Risk Management, San Diego Unified School District, Revere Center, Room 7, 6735 Gifford Way, San Diego, 92111, Telephone (858) 627-7345. Where space is insufficient, please use additional paper and identify information by paragraph number. Any supporting documentation should be attached.  
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The undersigned submits the following claim and information:

1. Name of Claimant \_\_\_\_\_

2. Address of Claimant \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name, telephone number, address to which claimant desires notices to be sent if other than above:  
\_\_\_\_\_

4. Claimant's Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

5. Claimant's Insurance Liability Carrier Name/Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Carrier's Phone Number: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

6. Occurrence or event from which the claim arises:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Place (specific location): \_\_\_\_\_

7. Specify the particular occurrence, event, act or omission which is the basis for your claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. State how the San Diego Unified School District or its employees are alleged to be at fault:  
\_\_\_\_\_  
\_\_\_\_\_

9. Describe the nature of your loss, injury, or property damage, so far as is known at the time of this claim. If your claim involves a vehicle, include license, year, make, and model:

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10. Give the name(s) of the School District employee(s) causing the damage or injury:

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11. Name and address of any other person suffering a loss or injury (if applicable):

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12. Name and address of the owner of any damaged property (if applicable):

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13. DAMAGES CLAIMED:

Amount claimed if it totals less than \$10,000: \_\_\_\_\_

Basis for computation of amounts claimed (please attach copies of all bills, invoices, estimates, etc.):

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14. Names and addresses of all witnesses known to you who may have information related to this claim:

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15. Any additional information that might be helpful in considering claim:

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**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code § 72).**

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief as to such matters I believe the same to be true. I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Claimant's Signature