



**CHICAGO PUBLIC SCHOOLS**  
**Talent Office**  
**42 W. Madison, Chicago, Illinois 60602**  
**Telephone: 773-553-4748**

Date:

Name  
Street Address  
City, State, Zip Code

**Name:**

**School:**

**Date of Incident:**

**Incident Number:**

Dear Employee:

This will confirm that we have received a report of the above incident. Incident reports are internal documents which we do not share due to privacy issues.

If you wish to submit a claim for consideration, please contact our Worker's Compensation Claim Administrator:

**Cannon Cochran Management Services, Inc. (CCMSI)**  
**844-773-0209**

Each claim submitted will be individually evaluated.

Sincerely,

Talent Office