

## PROCEDURE FOR FILING A CLAIM AGAINST THE UNIVERSITY OF MEMPHIS

The University of Memphis is an agency of the State, and, as such, is bound by the laws governing claims against it for personal injury or property damage. The Tennessee Claims Commission has been established with exclusive jurisdiction to determine all monetary claims against the state falling within one or more of the categories listed in Tennessee Code Annotated § 9-8-307.

In addition, the Division of Claims Administration was created by Tennessee Code Annotated § 9-8-401, and pursuant to Tennessee Code Annotated § 9-8-402, notice of your claim must be given to the Division within one (1) year of the occurrence from which the claim arises.

Upon receipt of your claim, the Division of Claims Administration shall investigate and make every effort to act upon it within ninety (90) days of the date of submission. If the claim is not acted upon within ninety (90) days, the Division shall automatically transfer the claim to the Administrative Clerk of the Claims Commission.

The address of the Claims Administration is:

Tennessee Claims Commission  
Division of Claims Administration  
9<sup>th</sup> Floor, Andrew Jackson Building  
Nashville, Tennessee 37243-0243  
Telephone: (615) 741-2734  
Facsimile: (615) 532-4979

**\*Your claim should be forwarded by you directly to the Tennessee Claims Commission at the address above.**



## CLAIM FOR DAMAGES

STATE OF TENNESSEE  
DIVISION OF CLAIMS ADMINISTRATION  
9TH FLOOR, ANDREW JACKSON BUILDING  
NASHVILLE, TENNESSEE 37243-0243  
(615) 741-2734

IMPORTANT: All questions should be answered as completely as possible. Attach two (2) estimates of damages to this form. A copy of the investigating police officer's report should be included for any incidents involving motor vehicles.

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: Home ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Are you an employee of the State? \_\_\_\_\_

### DESCRIPTION OF INCIDENT

Date of Occurrence: \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M.  
Location: \_\_\_\_\_ State Agency Involved \_\_\_\_\_

In what county did this Incident occur: \_\_\_\_\_

Describe the Incident (use additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the Damages Incurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount of damages requested: \$ \_\_\_\_\_

Witness(es) to the Incident: (if applicable)

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

State Official Notified: (if applicable) \_\_\_\_\_

Title \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that all the statements contained herein and on any attachments hereto are true and that the injuries and/or damages reported were actually incurred. I also acknowledge that it is a misdemeanor to file a false claim with the Division of Claims Administration.

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

Date \_\_\_\_\_