

**EMPLOYMENT RISK MANAGEMENT AUTHORITY  
(ERMA)**

**INITIAL REPORT FORM**

In order to assist ERMA in monitoring claims and maintaining reserves, please fill out the following form for each claim or occurrence that is required to be reported to ERMA. Please answer each item as completely as possible with the information available to you. Use additional sheets as necessary. **Please attach to this form a copy of all Governmental Tort Claim, DFEH and/or EEOC, and internal or external complaint/investigation documents you have regarding this claim or occurrence.** Assignments to defense counsel will be made through ERMA after consultation with the ERMA member. If you have any questions, please call the ERMA office at (800) 541-4591.

1. Name of organization:
2. Name(s) of claimant:
3. Claimant's job title:
4. What is the claimant's employment status (current/terminated/paid or unpaid leave/suspended)?

If terminated, on leave, or suspended, please include date:

5. Claimant's yearly salary: \$
6. Claimant's date of hire:
7. Complaint submitted?     YES     NO

If written, please provide date of complaint and attach a copy:

If verbal, please provide date and name/title of the person the complaint was reported to:

8. DFEH complaint filed?  YES     NO If yes, date of filing:  
Date of DFEH Right to Sue Letter (if received):

9. EEOC complaint filed?  YES     NO If yes, date of filing:  
Date of EEOC Right to Sue Letter (if received):

10. Governmental tort claim filed?  YES     NO    If yes, date of filing:

Date and form of response to tort claim:

11. Date of first incident underlying the complaint:
12. Brief factual summary:
13. Demand – if provided by claimant:

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**INITIAL REPORTING REQUIREMENTS**

Pursuant to ERMA's Memorandum of Coverage effective July 1, 2008, all ERMA members are required to notify ERMA within 30 days upon receipt of notice of a *Claim*. Written notice containing particulars sufficient to identify the claimant(s), the *Covered Party(ies)*, and also reasonably obtainable information with respect to the circumstances of the *Claim*, as well as the names and addresses of the *Covered Party(ies)* and of available witnesses, shall be given to ERMA or any of its authorized agents as soon as possible. The form opposite this notice should be used to report claims to ERMA.

In addition to the above, if a suit is brought against a *Covered Party(ies)*, the *Covered Party(ies)* is also obligated to forward immediately to ERMA every demand, notice, summons, or other process received by it or its representative.

If you have any questions regarding reporting to ERMA, please call the ERMA office at (800) 541-4591.

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Please email this completed form along with all supporting documentation to:

Kathy Maylin, ERMA Litigation Manager  
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Ligia "Mona" Nicolae, ERMA Litigation Analyst  
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