

[Your Name and Age] (required)  
[Address]  
[Telephone number]  
[Date]

[Name of Attorney, if applicable]  
[Address]  
Telephone Number]

State of Iowa  
Iowa Department of Management  
State Capitol Building, Room G13  
1007 East Grand Avenue  
Des Moines, IA 50319

**Re: Notice of Claim Pursuant to the Iowa Tort Claims Act**

To Whom It May Concern:

I hereby submit this notice of claim pursuant to the Iowa Tort Claims Act, Iowa Code Chapter 669, for the purpose of seeking compensation for the damages and injuries that I have suffered as a result of the actions of [Name(s) of Department or Agency].

The incident occurred on [Date(s) of Incident], at approximately [Time(s) of Incident], at or near [Location(s) of Incident], when [Brief Description of Incident(s)].

As a result of the incident(s), I have suffered the following damages and injuries [List of Damages and Injuries], which have resulted in [Brief Description of Consequences].

I request that this claim be investigated and that I be compensated for the damages and injuries that I have suffered. Pursuant to Iowa Code Section 669.14, I demand that this claim be resolved within 60 days of the date of this notice, unless an extension is granted.

Please acknowledge receipt of this notice by signing and returning the attached copy of this letter to me at the above address.

Sincerely,  
[Your Name and Signature]

[Signature of Attorney, if applicable]