

ACWA JPIA “In-House” Claims Resolution Option

District Name: _____ Month/Year: _____ Prepared by: _____

Date/Time of Incident	Date Claim Received	Claimant's Name	Brief Description of What Happened	Amount of Settlement	Date Settled
Date: Time:					
Date: Time:					
Date: Time:					
Date: Time:					
Date: Time:					

Approved by: _____