



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
FRAUD AND NONCOMPLIANCE REFERRAL FORM

P.O. Box 1009
Jefferson City, MO 65102-1009
573-526-6630
labor.mo.gov/DWC/report_fraud

General guidelines: Employers with five or more employees are required to carry workers' compensation insurance with the exception of the construction industry, which requires employers with one or more employees to carry workers' compensation insurance. For more information, please call 800-592-6003 or visit labor.mo.gov/DWC/Employers to read more about employers' responsibilities and liability for coverage.

Instructions: Please complete the required fields for the Fraud and Noncompliance Unit to conduct an investigation.

Employer Information:

Name of Business (<i>Required</i>)		Business Phone Number	
Owner's Name (<i>if known</i>)			
Address		County	
City (<i>Required</i>)	State	ZIP	
If address is not known, what is the location of the jobsite or directions to the jobsite?			
Type of business (<i>if known</i>)			
<input type="checkbox"/> Construction	<input type="checkbox"/> Government	<input type="checkbox"/> Health Care	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Retail	<input type="checkbox"/> Trucking/Transportation	<input type="checkbox"/> Other	
Estimated # of Employees	Type of work performed		

Description of the Alleged Violation:

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Work-Related Injury/Death Information:

Has this employer had a work-related injury or death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, provide the following information about the injured/deceased employee, if known:		
First Name	Last Name	
Address		
City	State	ZIP
Date of Injury	Injury Number, if assigned	Phone Number

Contact Information:

Please provide your contact information. As our investigation progresses, we may need to contact the person filing the complaint to obtain more details. If you choose to remain anonymous, it will not be possible for us to notify you of the outcome of the investigation.		
First Name	Last Name	
Address		
City	State	ZIP
Phone Number	Email Address	

Please note that all records, reports, tapes, photographs and similar materials or documents submitted to or obtained by the Fraud and Noncompliance Unit used to conduct an investigation for any violation under the workers' compensation law are confidential pursuant to §287.128.9 RSMo and not subject to chapter 610, RSMo.

After the Unit completes its investigation, any finding of fraud or noncompliance is presented to the Division Director who may refer the matter to the Missouri Attorney General's Office for prosecution.

*Missouri Division of Workers' Compensation is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
TDD/TTY: 800-735-2966 Relay Missouri: 711*