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 (Required		Busi	Business Phone Number		
Owner's Name (if known)					
Address	C		nty		
City (Required)		State		ZIP	
If address is not known, what	t is the location of the jol	bsite or directions to the	jobsite?		
Type of business (if known)					
☐ Construction ☐ Retail	Government Trucking/Transport	Health Care Other		Manufacturing	
Estimated # of Employees	Type of work performe				
Description of the Alleged	 Violation:				
W. 1 D. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Work-Related Injury/Dea Has this employer had a work		? Yes No			
If Yes, provide the following			ee, if knowr	1:	
First Name		Last Name	,		
Address					
City		State		ZIP	
Date of Injury	Injury Number, if	assigned	Phone Nu	l umber	

Contact Information:				
Please provide your contact informatic complaint to obtain more details. If you contact of the investigation.				
First Name		Last Name		
Address		-		
City	Sta	ite	ZIP	
Phone Number	Fmail 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