



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
**REPORT YOUR WORKPLACE INJURY/OCCUPATIONAL
DISEASE OR REPETITIVE TRAUMA INJURY**

800-775-2667
www.labor.mo.gov/DWC

- If your employer does **not** provide you with a form to complete to report your injury, you may use this form to provide the employer with written notice of your accident or injury;
- If you choose to use this form it **does not** replace the incident or accident form that your employer may require you to complete;
- **If you choose to use this form, PLEASE DO NOT send it to the state or to the Missouri Division of Workers' Compensation (Division);**
- **This is not a Claim for Compensation form;**
- Under Missouri law you are required to report your injury to your employer in writing within 30 days of the injury. Failure to report your injury to your employer within 30 days **may** jeopardize your ability to receive workers' compensation benefits **UNLESS** the Division or Commission finds that the employer is not prejudiced by failure to receive the notice;
- Under Missouri law, your employer or its workers' compensation insurance company or third-party administrator should arrange for you to receive the medical treatment as may be reasonably required to cure and relieve you from the effects of the injury.
- **Under Missouri law, the employer files a separate First Report of Injury with the Division pursuant to §287.380, RSMo.**

Your written notification to the employer should include the following information:

Date Written Notice Given: _____

Name of Person Injured: _____

Address of Person Injured: _____

Date of Injury: ____/____/____

Time of Injury: ____:____ a.m. / p.m.

Place of Injury: _____

Nature of the Injury: _____

NOTE:

Failure to provide written notice of your occupational disease or repetitive trauma injury to your employer within 30 days of the diagnosis of your condition may jeopardize your ability to receive workers' compensation benefits **UNLESS the Division or Commission finds that the employer is not prejudiced by failure to receive the notice.**

Make a copy of this written notice or the written notice your employer gives you to complete and keep a record of the date you provided your notice. If you hand-deliver your notice, keep a record of the date and time of the delivery along with the full name and title of the person you delivered it to.

To verify that your injury has been reported or to speak to an Information Specialist, please call the Division's toll free number 800-775-2667. If you experience difficulty in obtaining medical treatment or other benefits, call the number above and request Dispute Management Assistance.