



### NONCOMPLIANCE REFERRAL FORM

*(Complete the form to report a business  
for not carrying workers' compensation insurance.)*

**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. If you would like more information, please call 800-592-6003 or visit [www.labor.mo.gov/DWC/Employers/report\\_respon.asp](http://www.labor.mo.gov/DWC/Employers/report_respon.asp) to read more about employers' responsibilities and liability for coverage.

Instructions: Please complete the required fields in order for the Fraud and Noncompliance Unit ("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," please provide the following information about the injured/deceased employee, if known:		
First Name	Last Name	
Address		
City	State	ZIP
Date of Injury	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. Also, 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		E-mail Address	

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

After the Unit completes its investigation it presents its findings to the Division Director who may refer the matter to the Missouri Attorney General's Office for prosecution.