



JOB AID

Workers' Compensation Fraud or Abuse Allegations Report Form

(To be completed by anyone reporting or receiving such information.)

1. Name of injured employee _____
2. Name of Person reporting allegations (if available) _____
3. Phone Number of Person reporting allegations _____
4. Address of Person reporting allegations _____
5. Relationship of injured employee and person reporting allegations _____

6. Detailed description of information indicating potential fraud or abuse _____

7. Where did conduct occur? _____
8. When and for how long did conduct occur? _____
9. Did person reporting allegations personally witness employee's questionable conduct? Yes ___ No ___
10. Are there other witnesses to employee's questionable conduct? Yes ___ No ___
Witness Name _____ Phone Number _____
Witness Name _____ Phone Number _____
Witness Name _____ Phone Number _____
11. Has injured employee engaged in this conduct prior to their injury? Yes ___ No ___
If yes, when and where? _____
12. Has injured employee engaged in this conduct since their injury? Yes ___ No ___
If yes, when and where? _____
13. Is injured employee expected to engage in this conduct again in the future? Yes ___ No ___
If yes, when and where? _____