

Virginia Employer Non-Compliance Alert Form



VIRGINIA WORKERS' COMPENSATION
COMMISSION
1000 DMV DRIVE, RICHMOND VA 23220
www.workcomp.virginia.gov
Phone: (804) 205-3586
Fax: (804) 367-2239

Use this form to report an employer who may be misrepresenting employee information or who may not have workers' compensation coverage that is required by law. All submitted referrals will be kept confidential to the extent possible under the law. Send the completed form to the Insurance Investigation Unit using the above contact information.

Employer Information

Name: _____

Type of Business or Industry in Operation:

Address: _____

City: _____ State: _____ Zip: _____

Job Site Address (If different from business address):

City: _____ State: _____ Zip: _____

Phone Number: _____

Employer's Insurance Information

Does the employer have Workers' Compensation Insurance? Yes No Unknown

If yes, please include the following information if known:

Name of Insurance Carrier: _____

Policy Number: _____

Miscellaneous Information

Does the business have more than two part-time or full-time employees? Yes No Unknown

Does the business hire one or more subcontractors?
 Yes No Unknown

Is the total of the employees plus all subcontractors' employees more than 2? Yes No Unknown

Has a death or injury occurred at this employer's place of business or job site within the past three months?
 Yes No Unknown

If yes, please include the following information if known:

Injured Employee's Name: _____

Injured Employee's Phone Number: _____

Date of Injury (mm/dd/yy): _____

Violation Information

Violation: Check all that apply

- No Workers' Compensation coverage
- Business is underreporting payroll
- Business is misclassifying employees
- Business is misrepresenting employee duties
- Other

o Description of violations:

Your Contact Information

An Insurance Investigator may contact you to clarify the information that was provided or to obtain additional information.

All information in this section is optional.

First Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____