

## UNINSURED EMPLOYER COMPLAINT FORM

You may use this form to report an employer that has employees but does not have workers' compensation insurance coverage as required by Arizona law. You may call, mail, or fax this information to:

Industrial Commission of Arizona  
Legal Division, Investigations Section  
800 West Washington Street  
Phoenix, Arizona 85007

**Complaint Hotline:** 602-542-5766  
**Fax Number:** 602-542-6783

Name of the business  
that does not have workers'  
compensation insurance: \_\_\_\_\_

Address of that business: \_\_\_\_\_ (Street address)  
\_\_\_\_\_ (City, state, ZIP code)

What is the owner(s) name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

How many employees: \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notice: You may provide the following contact information in the event an investigator needs to contact you. Providing your name and contact information is optional. The Industrial Commission cannot assure the confidentiality of this information should you choose to provide it.

Your name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_