

DIRECTIONS: If you know or suspect someone has committed a fraudulent act or is in non-compliance under the Georgia Workers’ Compensation Act for failure to have insurance coverage then please complete the form below and mail or fax to the State Board of Workers’ Compensation.



**STATE BOARD OF WORKERS’ COMPENSATION  
ENFORCEMENT DIVISION  
COMPLAINT FORM**

(Check appropriate box)

☐ **FRAUD**

☐ **NON-COMPLIANCE WITH WORKERS’ COMPENSATION INSURANCE**

ACCUSED\_\_\_\_\_

BUSINESS NAME\_\_\_\_\_

OWNER’S NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

DIRECTIONS TO BUSINESS FROM  
MAJOR INTERSECTION\_\_\_\_\_

\_\_\_\_\_

TYPE OF BUSINESS\_\_\_\_\_

TELEPHONE\_\_\_\_\_

NAMES OF EMPLOYEES\_\_\_\_\_

LIST SPECIFIC VIOLATION OR COMPLAINT:

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

**COMPLAINANT**

(May be anonymous – But helpful for follow-up information)

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

TELEPHONE\_\_\_\_\_

RELATION\_\_\_\_\_

§ 34-9-24 (d) In the absence of fraud or malice, no person or entity who furnishes to the Board information relevant and material to suspected fraud or noncompliance with the workers' compensation laws of this State shall be liable for damages in a civil action or subject to criminal prosecution for the furnishing of such information.

Mail this form to:

ENFORCEMENT DIVISION  
State Board of Workers' Compensation  
270 Peachtree St., N.W.  
Atlanta, GA 30303-1299

Or FAX this form to: 404-651-7390