AUDIT COMPLAINT FORM

DIR PRIVACY NOTICE: The Department of Industrial Relations, Division of Work Compensation uses the information in your complaint (1) to monitor workers' compensa claims administrators; (2) to assist DWC and other government agencies in general and criminal law enforcement; and (3) to conduct research on the workers' compensa system. If you indicate that you want your complaint kept confidential. the Audit I will not share your complaint with any party named in your complaint. If you do request confidentiality, the Audit Unit may share your complaint with the cla administrator. Please note that your complaint and your workers' compensation of information cannot be disclosed to the public under the Public Records Act. If you h questions about this notice please write to Privacy@dir.ca.gov. Claims administrator / Company name Claims administrator city location (if known) Date of injury Date or period of violations Employer SPECIFIC DETAILS OF COMPLAINT Describe the nature of the complaint, being as specific as possible. For example, late payments of temporary or permanent disability (the number of late payments, if known) failure to pay temporary or permanent disability (the number of late payments, if known) failure to medical-legal bills, failure to investigate a claim, unsupported denial of liab for a claim, et al. Please attach copies of supporting documentation, if available. Complainant (name & title) Date	IF YOU WANT THIS COMPLAINT TO BE KEPT CONFIDENTIAL, PLEASE MARK THIS BOX:	
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Complainant (name & title) Date	Describe the nature of the complaint, being a payments of temporary or permanent disabilit failure to pay temporary or permanent disabilit payments (indicate the periods not paid, if knot treatment or medical-legal bills, failure to investigate the periods of the period o	is specific as possible. For example, late y (the number of late payments, if known), ty, or 10% self- imposed penalties for late own), failure to pay or object to medical stigate a claim, unsupported denial of liability
Address, city, state, zip code Email:		