STATE OF MAINE

WORKERS' COMPENSATION BOARD

OFFICE OF MONITORING, AUDIT AND ENFORCEMENT
27 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0027

JANET T. MILLS
GOVERNOR

COMPLAINT FOR AUDIT

JOHN C. ROHDE
EXECUTIVE DIRECTOR

Insurer, Self-Administered Employer or Third-Party Adjusting Company (TPA)

Name of Insurer, Self-Administered Employer or TPA: ____

Claim Handler Name: ____

Street Address: ____

City/State/Zip Code: ____

Telephone: (_____)____

Claim(s) Involved

Workers' Compensation Board File # (if available): ____

Name of Employee: ____

Street Address: ____

City/State/Zip Code: ____

Telephone: (_____)____

Social Security Number (only last four digits required): ____

Date of Injury: ____

Nature of Complaint (attach supporting documentation):

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The Complainant asks the Board to conduct an investigation to determine if the insurer, self-administered employer or third-party administrator has violated 39-A M.R.S.A. Section 359 by engaging in a pattern of questionable claims-handling techniques or repeated unreasonably contested claims and/or has violated Section 360(2) by committing a willful violation of the Act or committing fraud or intentional misrepresentation. The Complainant asks that the Board assess all applicable penalties.

Party Filing Complaint

Name: ____

Street Address: ____

City/State/Zip Code:____

Telephone: (_____)____

______________________________	______________________________
Signature of Complainant	Date of Complaint