

Industrial Commission of Arizona

UNINSURED EMPLOYER COMPLAINT FORM

Further Instructions are available at <https://www.azica.gov/forms/legal4401>

Date

Name of the Business/Employer that does not have workers' compensation insurance:

Business address: Street

City

State

Zip

Business phone number:

Business owner(s) name:

Business owner(s) contact information:

Type of Business:

Number of employees employed by business/employer:

Employee name(s):

Additional Information:

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

Name:

Telephone number:

Email Address: