



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

PAUL R. LEPAGE
 GOVERNOR

COMPLAINT FOR AUDIT

PAUL H. SIGHINOLFI, ESQ.
 EXECUTIVE DIRECTOR/CHAIR

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):

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