

To report an employer that you suspect is violating the workers' compensation coverage requirements, please complete the form below.

All the required information in the referral must be completed. This required information will allow the investigator to initiate an investigation. If the required information is not completed, the referral will not be assigned for investigation. Upon completion of the referral form, please press the **submit** button at the bottom of the form. To make a referral by phone, please call 1-800-742-2214.

<b>Bureau of Compliance Referral Form</b>
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**Required Information**

Violation Type (select all that apply):  
 No workers' compensation coverage  
 Employer is underreporting or concealing payroll  
 Employer is misclassifying employees

Name of Employer: \_\_\_\_\_

Jobsite Address/Directions: \_\_\_\_\_  
\_\_\_\_\_

Description of alleged violation; i.e. (Employer has 5 workers framing a house and the employer does not have workers compensation. Employer reports paying his/her workers \$10.00 an hour to the insurance company or the employee leasing company, but also pays another \$5.00 an hour in cash.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Optional Information**

Referred Employer's Phone Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Daytime Telephone Number: \_\_\_\_\_

An investigator may contact you to clarify the information that was provided or to obtain additional information.

**All referrals reported to the Division of Workers' Compensation will remain anonymous pursuant to Florida Statute 440.108(2)(d), which states:** *After an investigation is completed or ceases to be active, information in records relating to the investigation remains confidential and exempt from the provisions of s. 119.07(1) and s. 24 (a), Art. I of the State Constitution if disclosure of that information would: Reveal personal identifying information regarding the identity of a confidential source.*