Department of Labor & Industries
Audit Discovery Unit
PO Box 44150
Olympia WA 98504-**4150**

INDUSTRIAL INSURANCE AUDIT REFERRAL

I suspect the following employer is not reporting workers hours according to Industrial Insurance laws: **(please answer as many of the following questions as possible.)**

Account ID	UBI No	Date
Firm name		
Owner's name	Phone	
Mailing address	City	State ZIP + 4
Physical location	City	State ZIP + 4
Number of employees		

REASON FOR REFERRAL: (Include type of business, location of work where the violation was noticed, UBI/L&I, and Contractor's Registration number, if known.)

Please provide the name, address and phone number of a contact person who will be able to assist us if we need to contact you.

Name (optional) print		Phone No.
Address	City	State ZIP

Thank you for the information you have provided. It will be helpful if you leave your name and phone number in case we need further assistance. **We will investigate this information whether you provide your name or remain anonymous.** Please be aware that we may be required to disclose your referral upon request, including your name if given. We can withhold disclosure of your identity when we receive written notice from you requesting that it not be released because you fear disclosure would endanger any person's life, physical safety, or property, pursuant to RCW 42.17.310 (1) (e).

I understand that my identity and my statement may be disclosed if court testimony is required.

Signature	Date	**To the best of my knowledge this is a true and accurate statement.**	My identity may be disclosed ☐ Do NOT disclose my identity ☐
Completed by (print)	Signature	Are you a Labor & Industries employee?	☐ Yes ☐ No
Office address	E-mail address	Mail Stop	Phone number

Please send to:

Audit Discovery Unit
Department of Labor & Industries
PO Box 44150
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For your convenience you may fold this form, using the small marks on the left, so the address at left will show in a window envelope, or you may send to your local Labor & Industries service location.